

City of Seattle
Department of Housing
& Human Services
Aging & Disabilities
Services

Case Managed Care Business Process Model

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Contents

	Page
Introduction	
1. Management Summary	3
2. Project Background Statement	4
3. Definition of Business Model	5
 Business Process Model	
4. Function Diagram	6
5. Function Definitions	8
6. Process Diagrams	9
7. Process Definitions	40
8. Actor Definitions	47
9. Data Store Definitions	49
10.Data Flow Definitions	52
 Appendix	
11.Glossary of Terms	70
12.Project Participants	74

Introduction

1. Management Summary

The purpose of this document is to record and present the results of an analysis of Case Managed Care business processes. The documentation is in the form of a business model. This model defines the functions and some of the business processes currently used by ADS and its network of agencies to support its mission. The mission is to provide essential services in order to provide choices for elders and adults with disabilities in Seattle and King County.

The first part of this document is a business function model. Functions are the major ongoing activities that support the mission of Case Managed Care (CMC). The business function diagram gives a broad view of the entire CMC business. Definitions explain and give examples for each function on the diagram. Mainline functions, such as Case Management, are what CMC does to provide service to customers. Other business functions exist to support the mainline functions, although the mainline functions could not operate effectively without the support functions.

Some functions coincide with existing organizational units and others do not. Since organizational structures tend to change more often than the set of business functions, the business function model represents a stable view of the business of the organization. This model can be used to plan and test organizational structure changes.

The second part of this document is a business process model. The business processes are several levels of major work efforts supporting a business function. Each business process diagram gives a detailed view of some part of the CMC business. As with the business function model, definitions explain and give examples for each object on a business process model diagram. Detailed diagrams are provided for the business processes of Refer a Client, Manage a Case, Perform Service, Provide Billing, Perform IP Workforce Management and Perform Staff Training.

A business process model is more detailed than a business function model and it has more kinds of objects. The business processes sometime decompose into several levels of detail. Actors provide data to or get data from a business process. Data stores also provide data to or get data from a business process. Data flow arrows show how data flows from or to actors and data stores and what kind of data it is. This model can be used to test, improve or reengineer current business processes.

The document concludes with a list of project participants and a project glossary.

2. Project Background Statement

Currently, several data systems are used to store information to meet funding and operational requirements for the programs providing case managed care. This leads to duplicate information being collected and maintained and the necessity to hand-tally, and sometimes re-enter, reporting information.

The Case Managed Care System Project seeks to reduce the duplicate recording, entry, transmission and storage of Case Management and Home Care client and services data. The goal of creating a Case Managed Care System is to provide an information base that supports effective resource management and clinical care decisions.

Additionally, it seeks to provide up-to-date and detailed client information to case managers and their supervisors. And finally, the project seeks to provide managers, planners and contracts specialists ready answers to summary questions about clients and their services. Possible solutions generated by the project include the following components: a) new or modified case management processes and practices, b) new information systems to support these processes.

A previous analysis effort, for Coordinated Intake, produced a business data model. Most of the data needed for case managed care is represented in that model. This analysis effort produced a model of Case Managed Care business processes. After the process model is validated, another effort will update the existing data model with missing data needed to support case managed care. In addition the models will be used to support software buy or build decisions in order to implement the models as operational systems.

Benefits

Large changes are occurring in the ways funding and services are provided to the target population of elders and adults with disabilities. It is necessary to take a larger and longer term view of the business of dealing with funding providers. These models will be used not only to gain some efficiencies from the current way of doing things but also to make plans to deal with the changing environment. The models will be essential to use to evaluate existing software on the market. And the models can continue to be used to communicate the complexities and problems of the existing situation.

3. Definition of Business Model

A business model is a representation of an actual business but in an abstract form. A model is a tool for experimentation, communication and teaching. A business model is most often used to communicate business requirements to technical staff for the purpose of computer system development or acquisition. Another potentially more valuable use is as a communication tool between business people.

A model makes explicit many ideas and facts that are implicit in a business environment. Many misconceptions and miscommunications can be cleared up in a short time using a model as the basis for discussion. A model can be used to ask “what-if” questions without risking the effect of changing an ongoing business to see what will happen. A model is a natural tool to teach people about a business. A business model can be mapped to the automated applications that support it and used to identify automation gaps.

The Models in this Document

This document includes a function model as part of the process model. The function model is simple and high level. It has one diagram and one set of function definitions. The business process model consists of many diagrams, at several different levels, and four sets of definitions: one each for the processes, actors, data stores and data flows in the model.

Each diagram is called a view and represents a part of the business. Some diagrams are high level and others are more detailed views of one part of a higher level diagram. All the diagrams together make up a picture of the entire model. In order to understand a business model, it is necessary to look at both the diagrams and the text accompanying them. Looking at only the diagrams will give an overview of the business but not all of the meaning of it.

The text is in the form of definitions in standard business English. They are written to be understood by people familiar with the part of the business being defined. Many definitions have detailed examples that help explain the meaning. The examples are not intended to be exhaustive lists of all possible situations, only examples. A glossary is included at the end of the document. It includes the spelling out of abbreviations used in the definitions.

Business Process Model

Function Model

The first part of this document is a business function model. Functions are the major ongoing activities that support the mission of Case Managed Care (CMC). The business function diagram gives a broad view of the entire CMC business. Definitions explain and give examples for each function on the diagram. Mainline functions, such as case management, are what CMC does to provide service to customers. Other business functions exist to support the mainline functions, although the mainline functions could not operate effectively without the support functions.

Process Model

A business process is a major work effort supporting a business function and carrying out a part of it. It has a beginning and an end. It may have a time sequence with other business processes or may operate in parallel. Some business processes take a long time, e.g., manage a client, others can be short, e.g., assign a case.

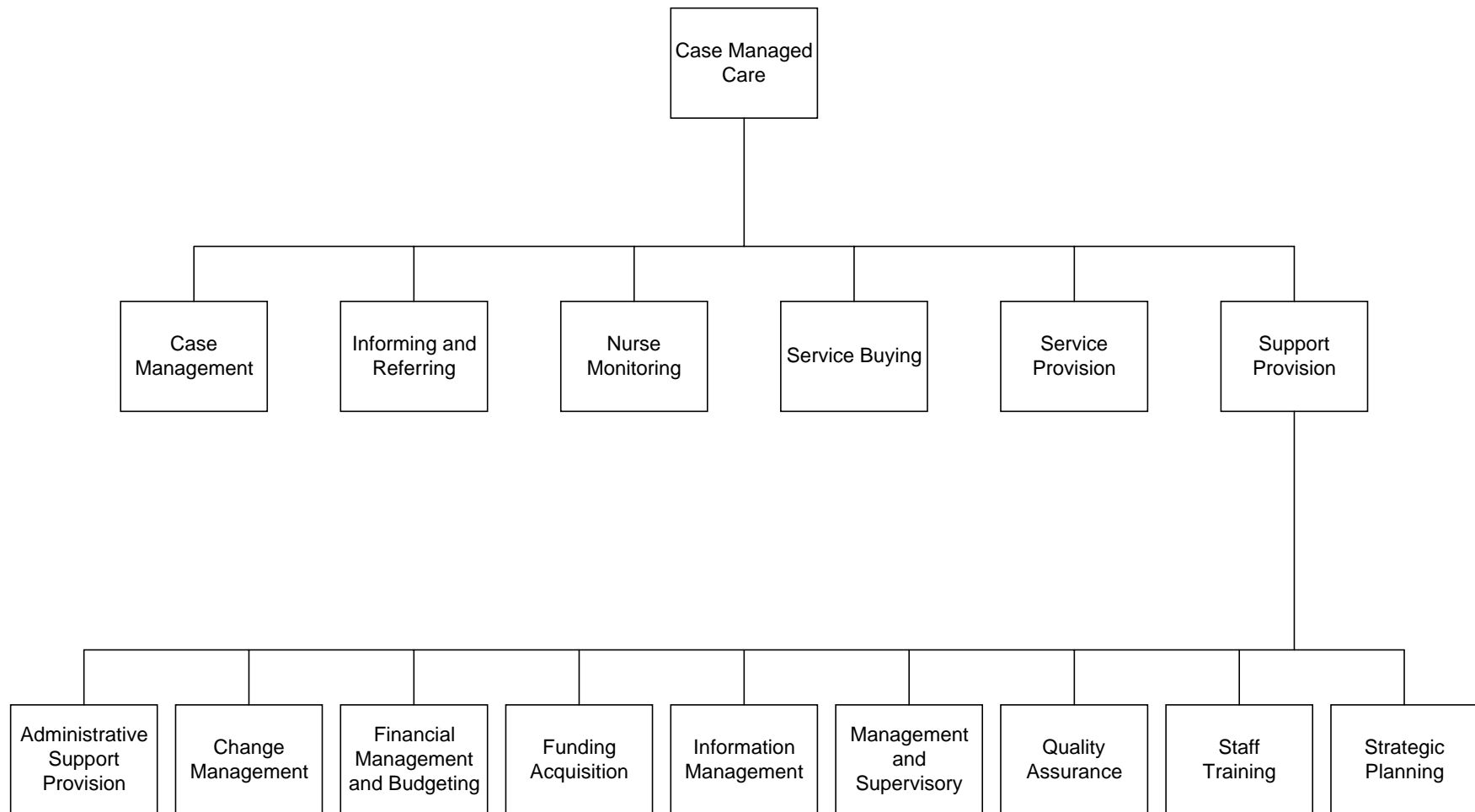
4. Function Diagram

The following business function diagram has three levels. Level one, Case Managed Care, is the scope of the functional area documented. Level two is the mainline functions of Case Managed Care: Case Management, Informing and Referring, Nurse Monitoring, and Service Provision. All the other functions provide support to the mainline functions.

Level three is the support functions: They are:

- Administrative Support Provision
- Change Management
- Financial Management and Budgeting
- Funding Acquisition
- Information Management
- Management and Supervision
- Quality Assurance
- Strategic Planning
- Staff Training

A box represents each function on the diagram. Each function is defined in the text following the diagram. These are not organizational units, this is not an organization chart. The lines indicate equivalence among connected sets of boxes. There is no flow.



5. Function Definitions

Function	Definition
Administrative Support Provision	A function that supports the work of professional staff. Includes such things as clerical support and providing an appropriate physical work environment. E.g., manage telephones, manage reception functions, order furniture, office supplies and equipment, perform duplicating, get out a mailing.
Case Management	A function that coordinates the provision of essential services to assist elders and adults with disabilities to live as independently as possible. E.g., perform a client assessment, determine a client's eligibility for services, authorize and coordinate services for a client, make a referral to a service provider, monitor a case.
Change Management	A function that monitors and controls changes to policies and procedures so that they comply with professional standards. E.g., plan for role changes when RNs transition from one state mandated nurse service to another, interpret policies, procedures, regulations, and SSPS procedural changes, implement program changes, distribute copies of change bulletins and memos to staff and then keep originals in an accessible reference place, create procedures for staff turnovers.
Financial Management and Budgeting	A function that provides fiscal support to the Case Management program. E.g., determine how a case manager's time will be allocated among different funding sources, predict the number of nurse oversight visits for a budget year to achieve cost containment, process a subcontractor's invoice for payment.
Funding Acquisition	A function that seeks and obtains funds to carry out case managed care. E.g., write a grant to the U.S. Department of Commerce for funds to develop a home care referral database.
Information Management	A function that establishes and maintains automated and manual business solutions, which provide appropriate business information as required. Includes such things as computer system development, data management and reporting. E.g., enter case information into a local database (e.g., CMP), produce monthly, quarterly or annual reports, prepare data files for transfer, perform data entry in the state SSPS system, enter a respite authorization in the ADS database, maintain a resource database for client information and referrals, update a database with changing program requirements.
Informing and Referring	A function that provides information to clients or other individuals, and may refer them for services. E.g., interview an individual to determine the nature of a request, give information to a requester, mail a directory of assisted living facilities to a family member of a client, call a service provider to refer a client.
Management and Supervision	A function that monitors and controls another person's work, provides mentoring and gives support. E.g., review a case record, make a case assignment, make an annual performance evaluation of a staff member.
Nurse Monitoring	A function provided by an RN that evaluates the health status of and the care provided to clients, and may provide consultation and training. E.g., a nurse: reviews health and medication changes, teaches a provider a correct transfer technique, contacts an HCA supervisor for management of a home care aide attendance problem, contacts a case manager to request a change in a client's level of service, shows an IP how to give a bed bath, explains to an HCA why a diabetic client must eat on schedule.

Quality Assurance	A function that provides ongoing review of work processes and outcomes in order to meet predetermined goals and standards of excellence, and identify opportunities for improvement. E.g., a contract specialist performs an annual assessment of the quality of services provided by an agency, a supervisor periodically reviews a client's file for completeness.
Service Buying	A function that creates contracts with a service provider to provide services and products on behalf of clients.
Service Provision	A function that provides services directly to clients. E.g., Elderhealth NW provides a day of adult day health service to a client, an in-home worker does 30 hours of personal care service a month for a client, an RN makes a nurse oversight visit, a case manager counsels a client on family issues, a social service aide transports a client to a doctor's office.
Staff Training	A function that provides the skills and information necessary to staff members to do their jobs. E.g., train a case manager to use automated progress notes, train a new case manager employee to use a car check-out system, teach a contract specialist to conduct an annual agency assessment.
Strategic Planning	A function that makes long term plans for case managed-care services. E.g., create a new mission statement for an organization because the nature of the work has changed, develop new ways to structure a social services agency based on different kinds of future funding sources, develop an integrated information systems plan to exchange information across a wider service network.
Support Provision	A function that supports the work of all staff. E.g., funding acquisition, producing reports, development of integrated automated information systems.

6. Process Diagrams

A business process model is more detailed than a business function model and it has more kinds of objects. Business processes are shown as circles and sometime decompose, with dotted numbers, e.g., 4.11.5, showing the level of detail. Lines between business processes show the direction of the main process flow. Any process step can be skipped if it is not applicable or relevant. Not every possible process flow line is shown. Numbers in process circles are an alternate way to index the names and do not represent a sequence of events.

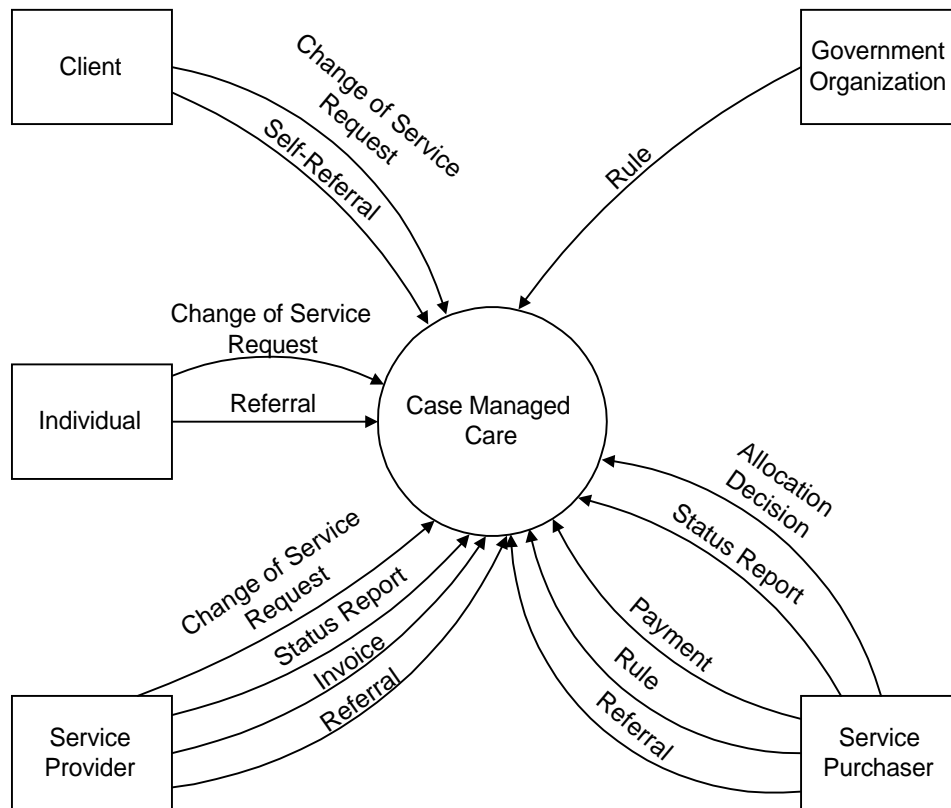
Some of the diagrams show actors, represented as boxes, that provide data to or get data from a business process. Data stores, represented as a name between two parallel lines, also provide data to or get data from a business process. Data flows, represented as lines with arrowheads, show how data flows from or to actors and data stores. Line labels indicate what kind of data it is.

Object numbers represent an alternate way to index the names and do not imply any sequence. An object with a number on one diagram that has the same name and number on another diagram is the same object. Each diagram is a view of some of the model and another diagram may reuse some of the same objects on the first one.

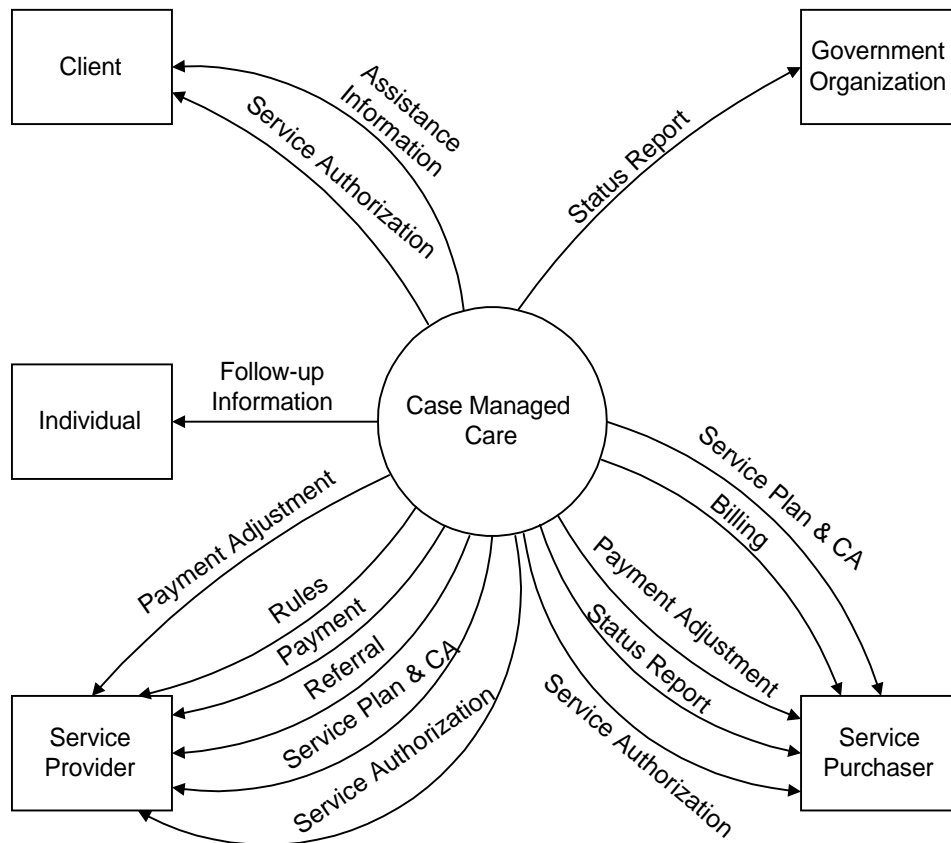
Processes were analyzed for five areas, Referring a Client, Managing a Case, Performing Billing, Perform IP Workforce Management and Performing Staff Training. The following diagrams are included:

Diagram Title	ID	Page
Context diagram with incoming data flows	0a	11
Context diagram with outgoing data flows	0b	12
Case Managed Care business processes	0.0	13
Refer a client	3.0	14
Refer a client business processes	3.0	15
Manage a case business processes	4.0	16
Assign a case	4.11	17
Gather client background information	4.12	18
Schedule a client meeting	4.2	19
Assess a client's needs	4.4	20
Establish a service plan, activities 1-5	4.5a	21
Establish a service plan, activities 6-9	4.5b	22
Monitor a client's status	4.7	23
Terminate a case	4.9	24
Conduct a fair hearing	4.10	25
Perform billing	6.0	26
Prepare invoice backup	6.1	27
Reconcile service authorizations	6.2	28
Pay providers	6.3	29
Bill grantor	6.4	30
Receive grantor funds	6.5	31
Perform IP workforce management	7.0	32
Recruit an IP	7.1	33
Assist in hiring an IP	7.2	34
Perform employment services	7.3	35
Perform caregiver tracking	7.4	36
Perform staff training	10.0	37
Establish training environment	10.1	38
Assess training needs	10.2	39
Make a training recommendation	10.3	39

CASE MANAGED CARE BUSINESS ANALYSIS
Context Diagram
(Incoming Data Flows)



CASE MANAGED CARE BUSINESS ANALYSIS
Context Diagram
(Outgoing Data Flows)



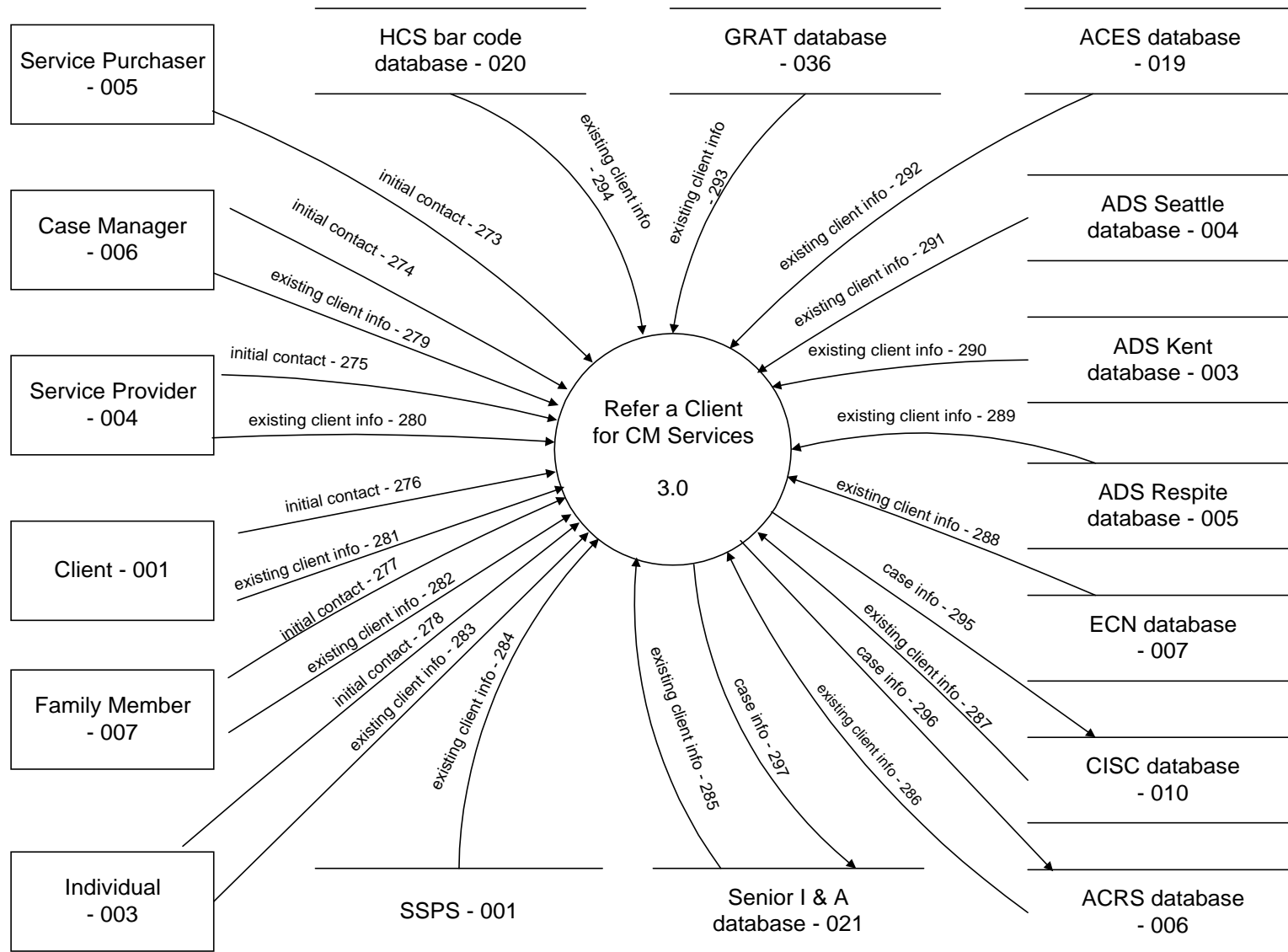
Case Managed Care Business Analysis

0.0 Case Managed Care Business Processes

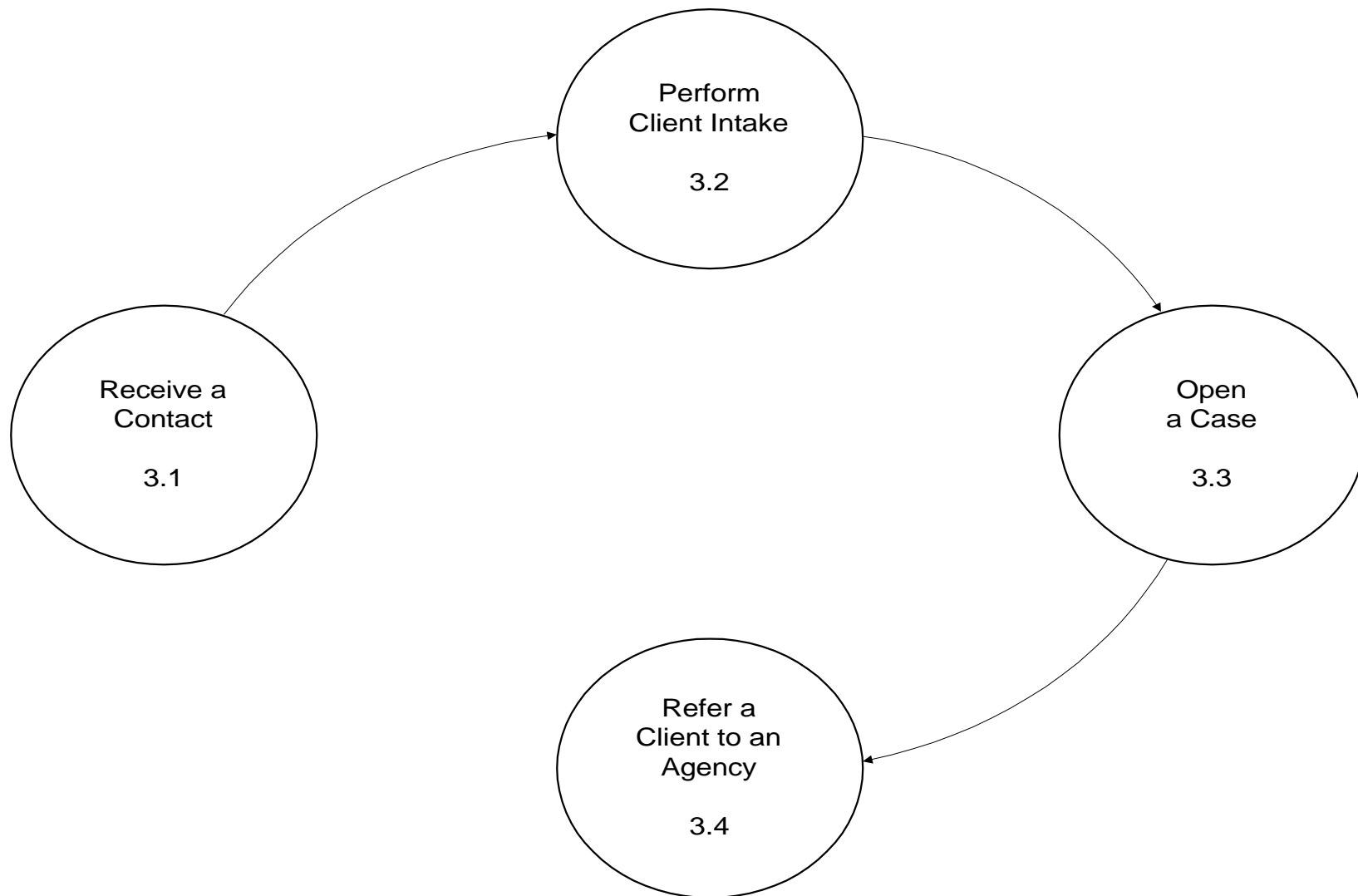


Case Managed Care Business Analysis

3.0 Refer a Client for CM Services Business Process

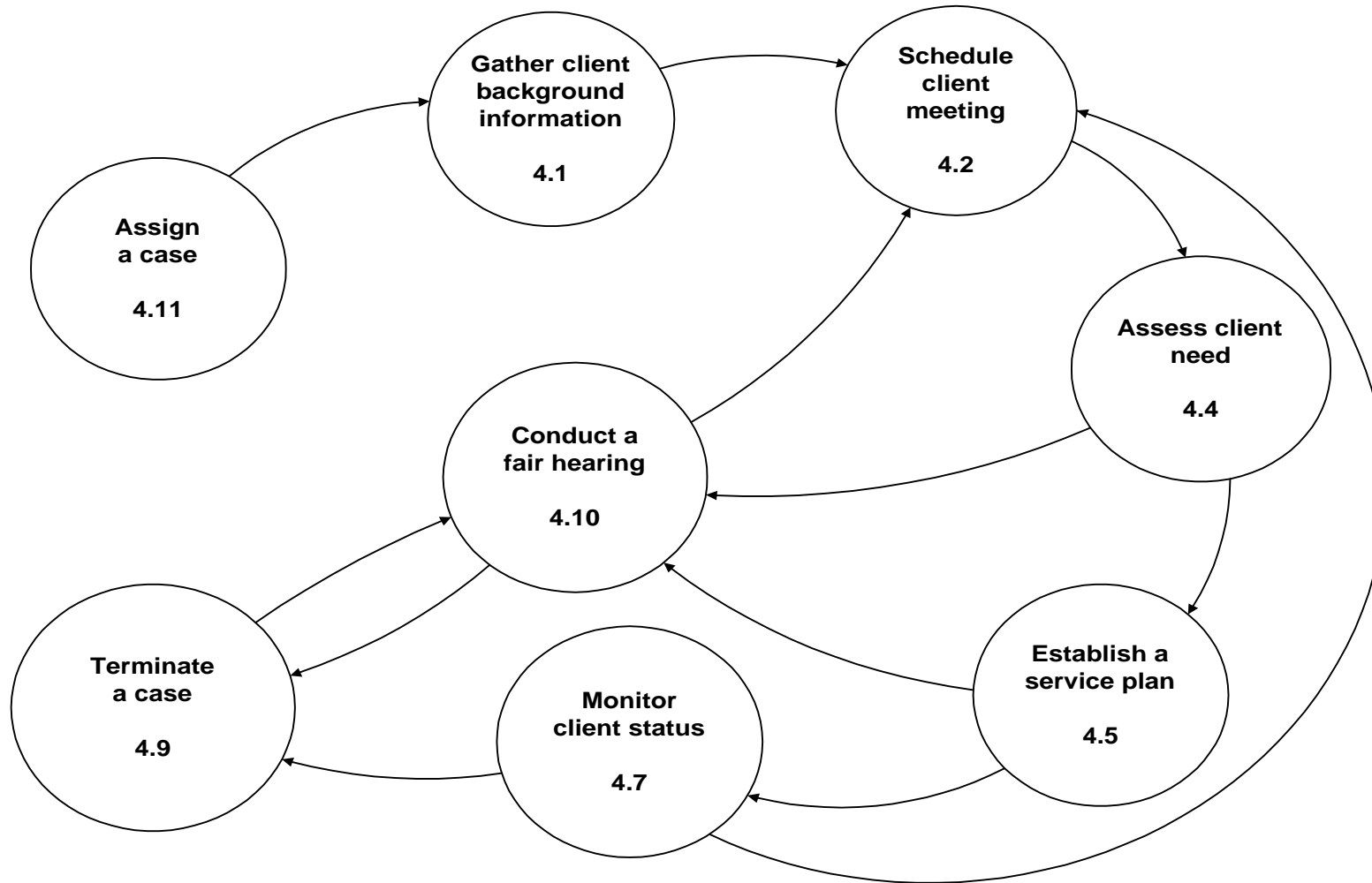


Case Managed Case Business Analysis
3.0 Refer a Client for CM Services Business Processes



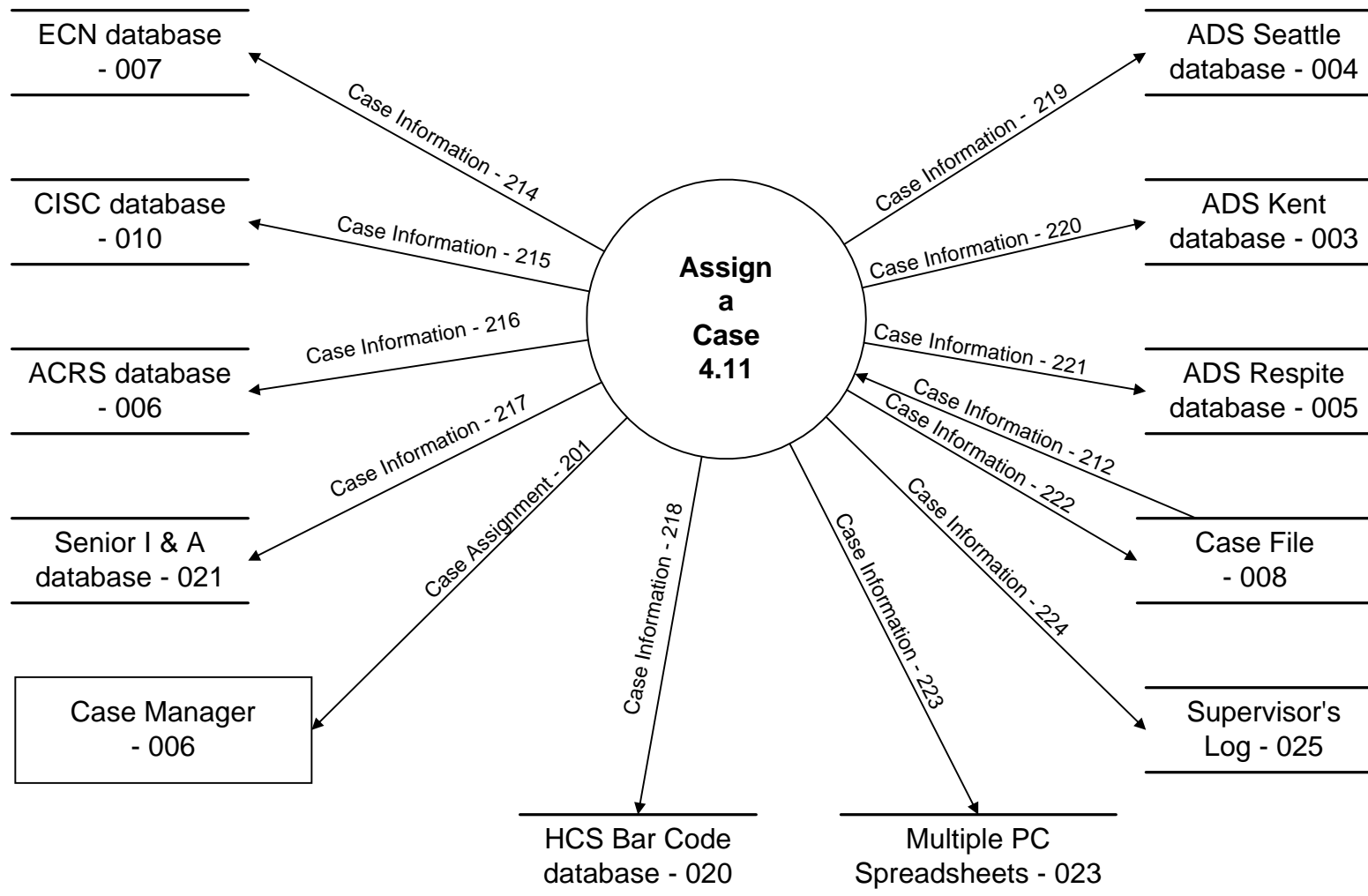
Case Managed Care Business Analysis

4.0 Manage a Case Business Processes



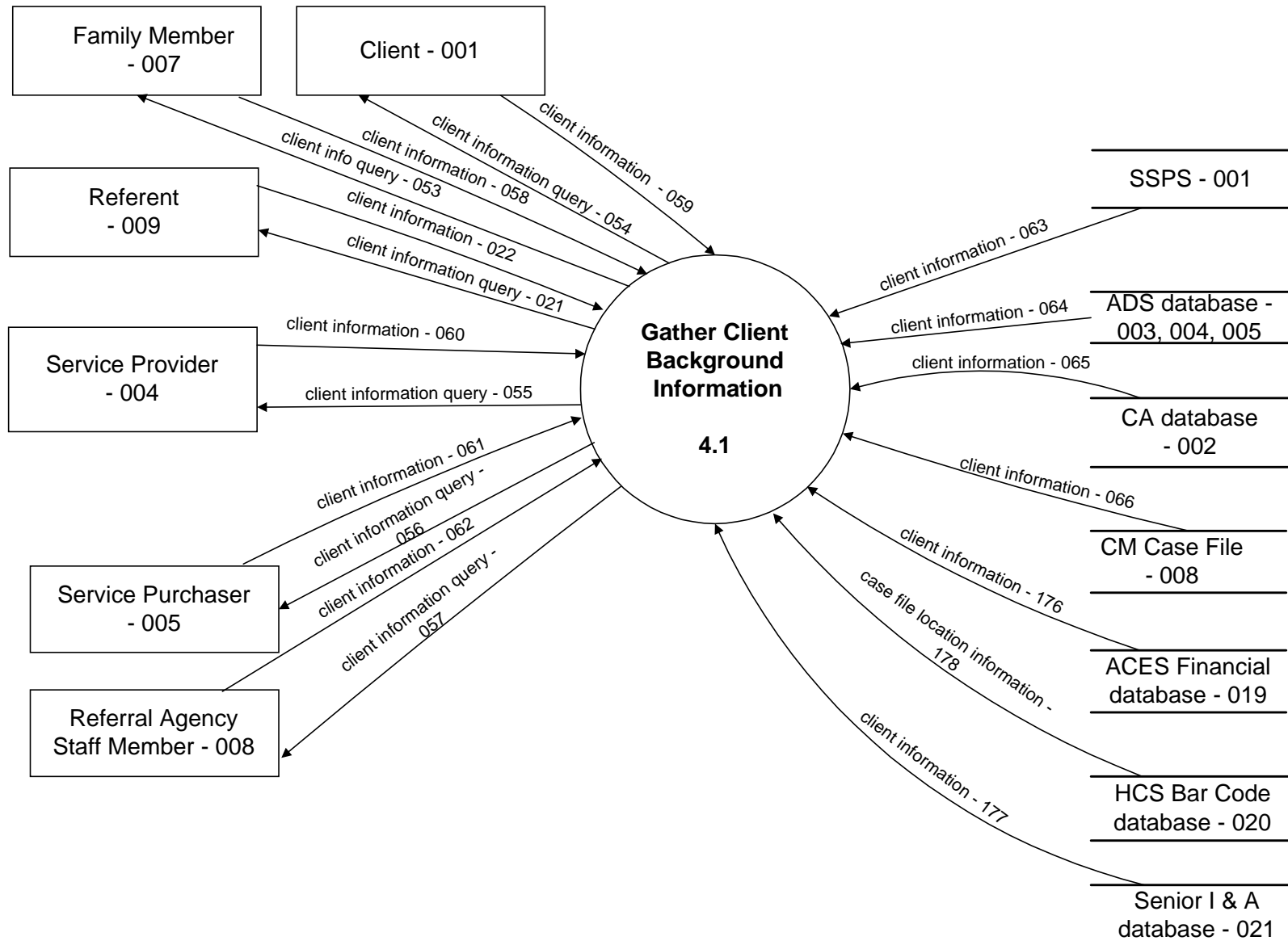
Case Managed Care Business Analysis

4.11 Assign a Case Business Process



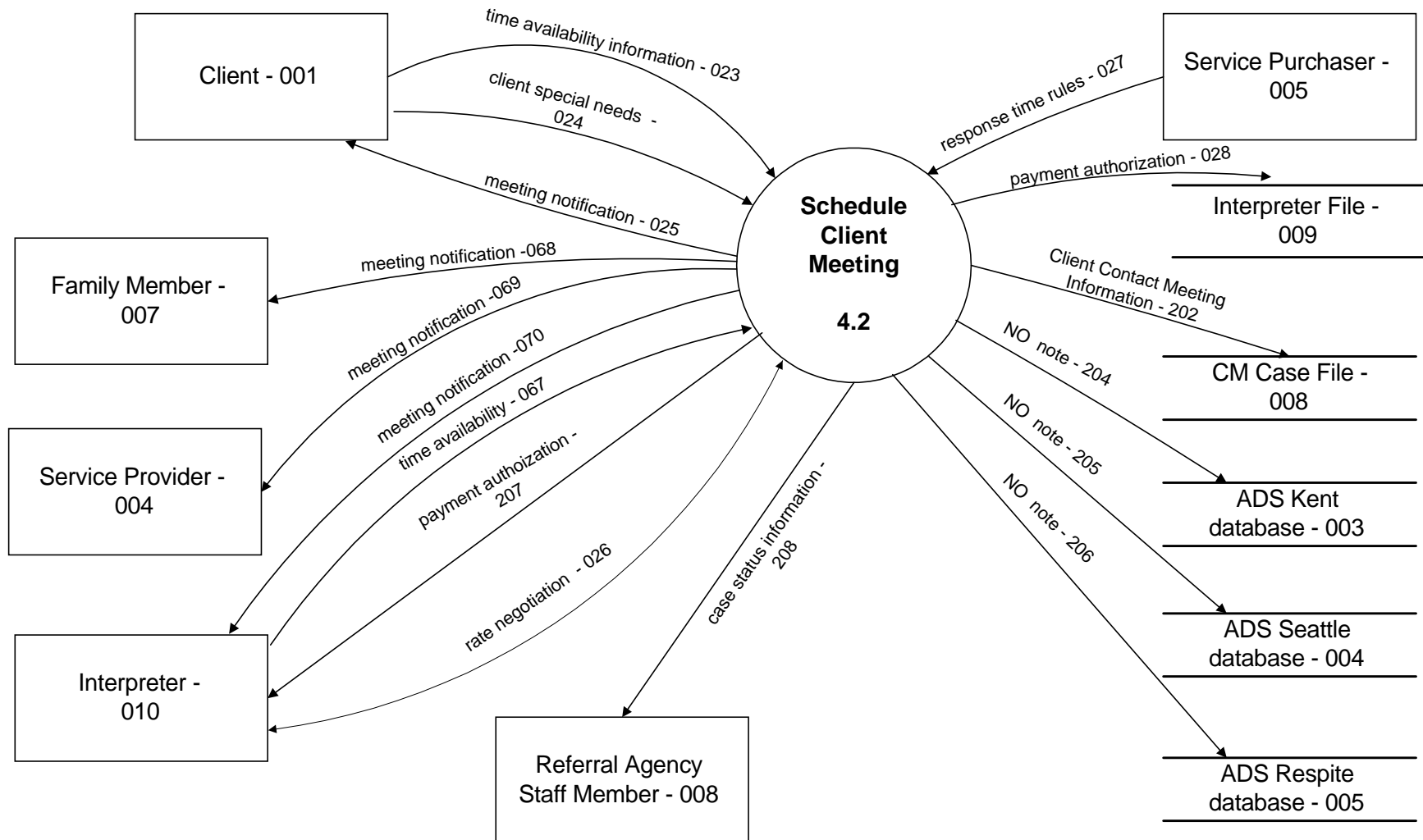
Case Managed Care Business Analysis

4.1 Gather Client Background Information Business Process



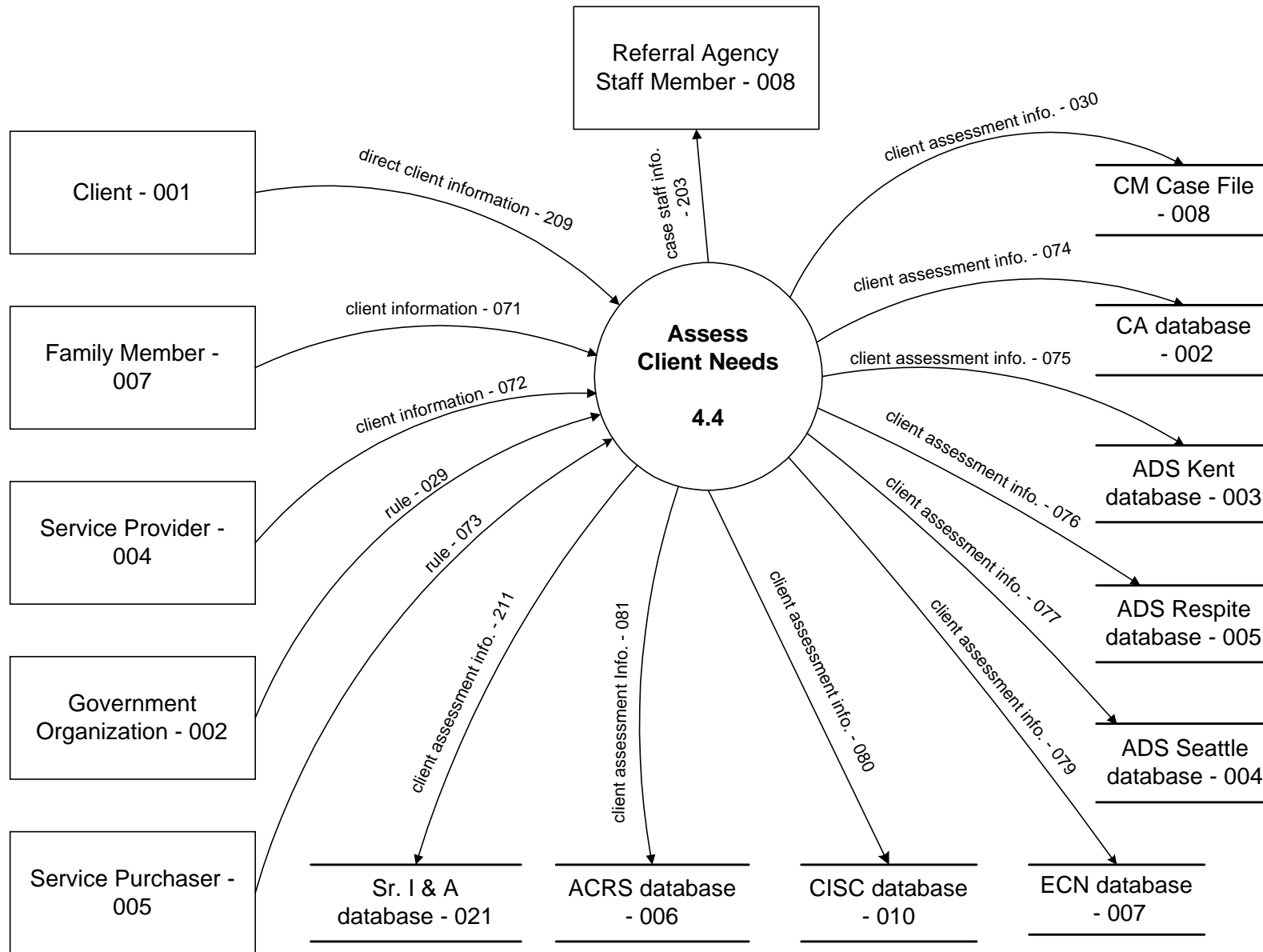
Case Managed Care Business Analysis

4.2 Schedule a Client Meeting Business Process

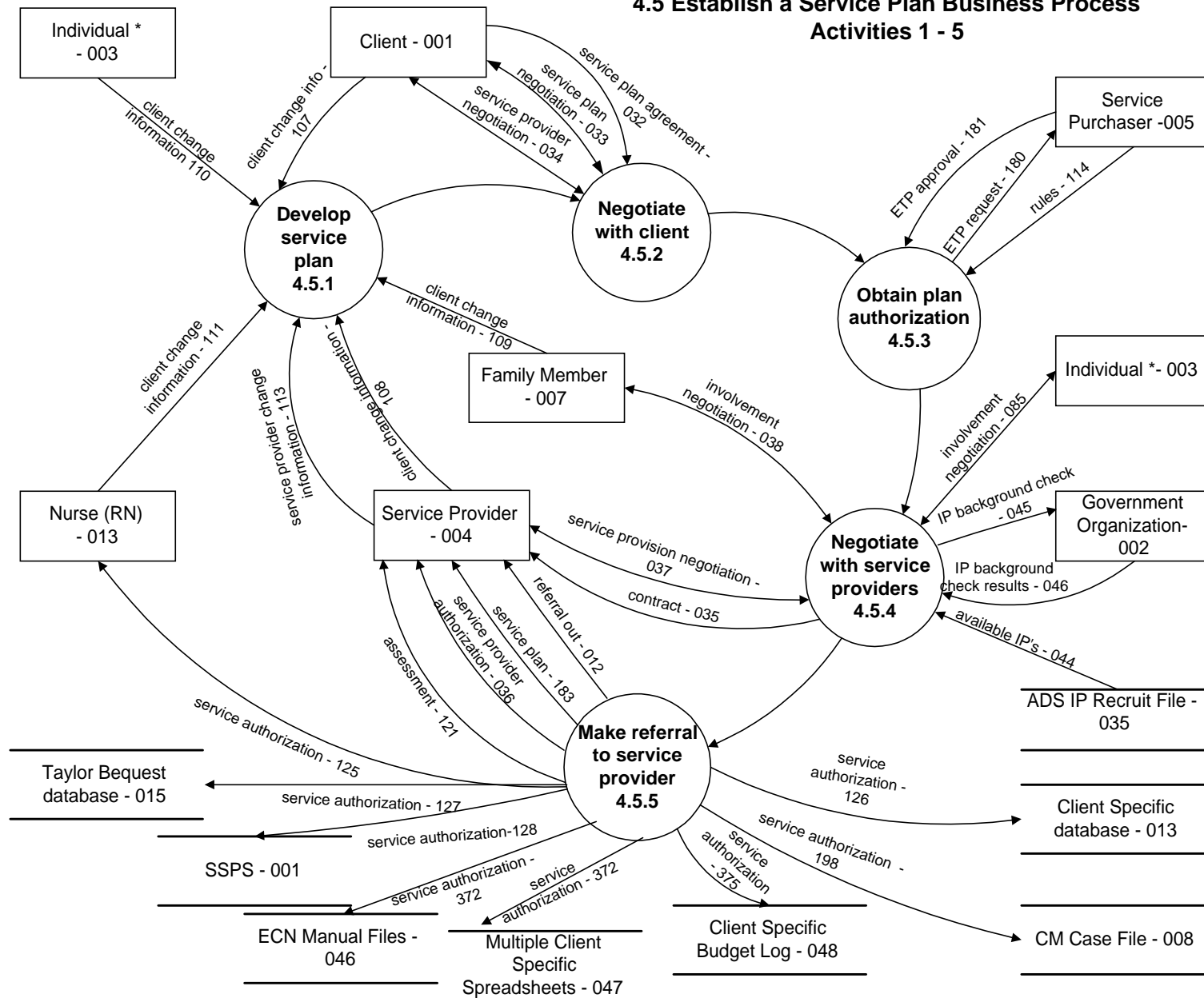


Case Managed Care Business Analysis

4.4 Assess a Client's Needs Business Process

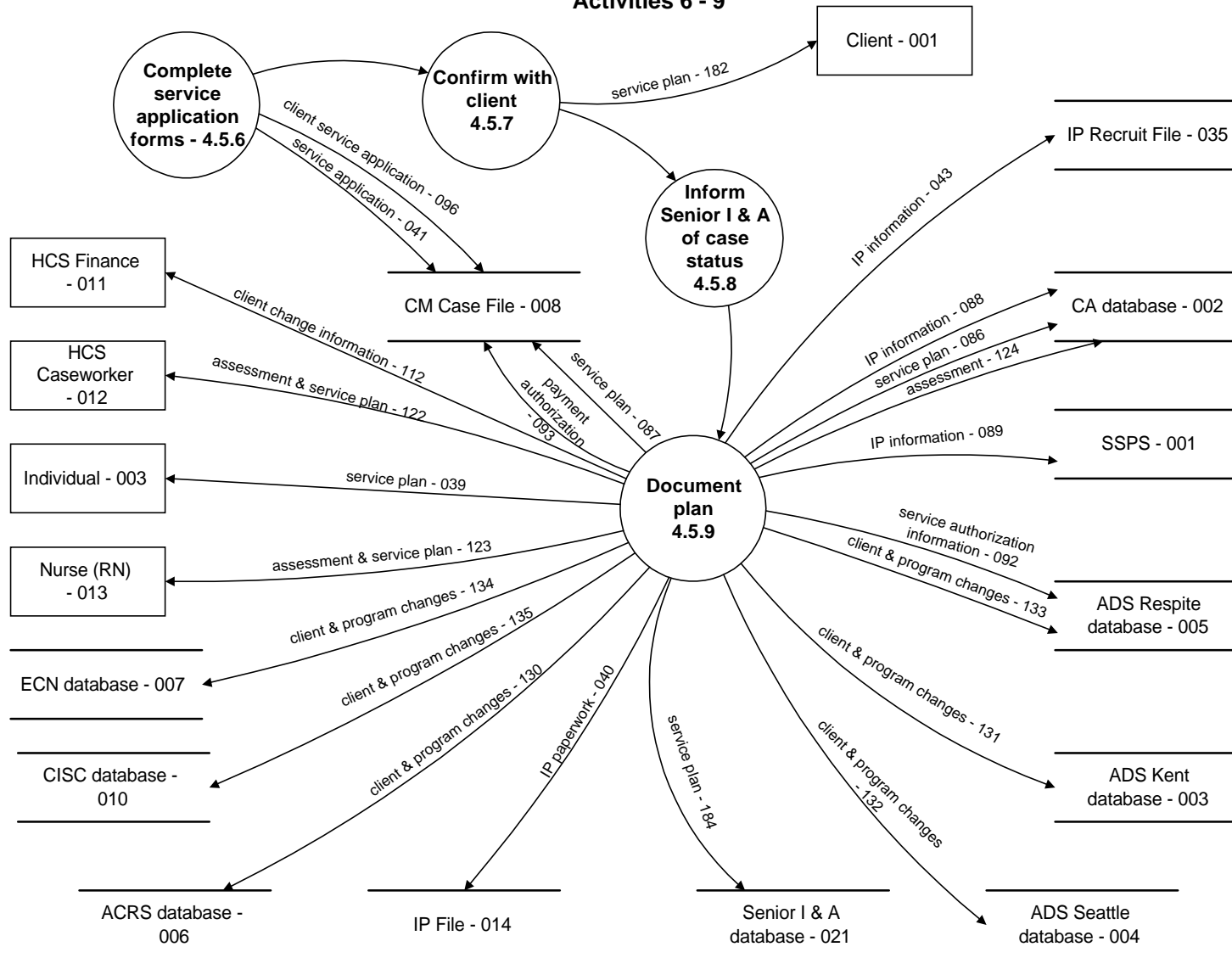


Case Managed Care Business Analysis
4.5 Establish a Service Plan Business Process
Activities 1 - 5



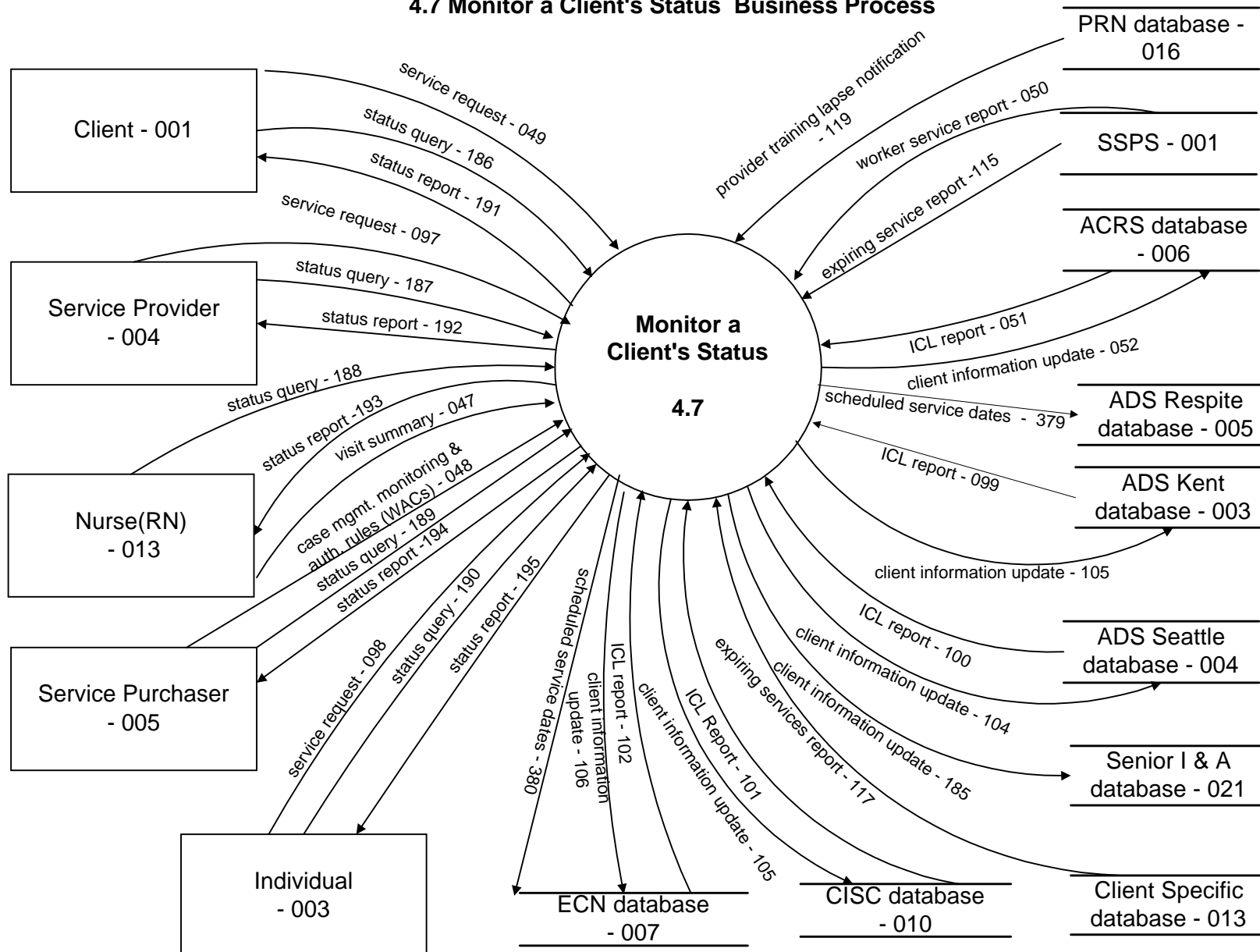
Case Managed Care Business Analysis

4.5 Establish a Service Plan Business Process Activities 6 - 9



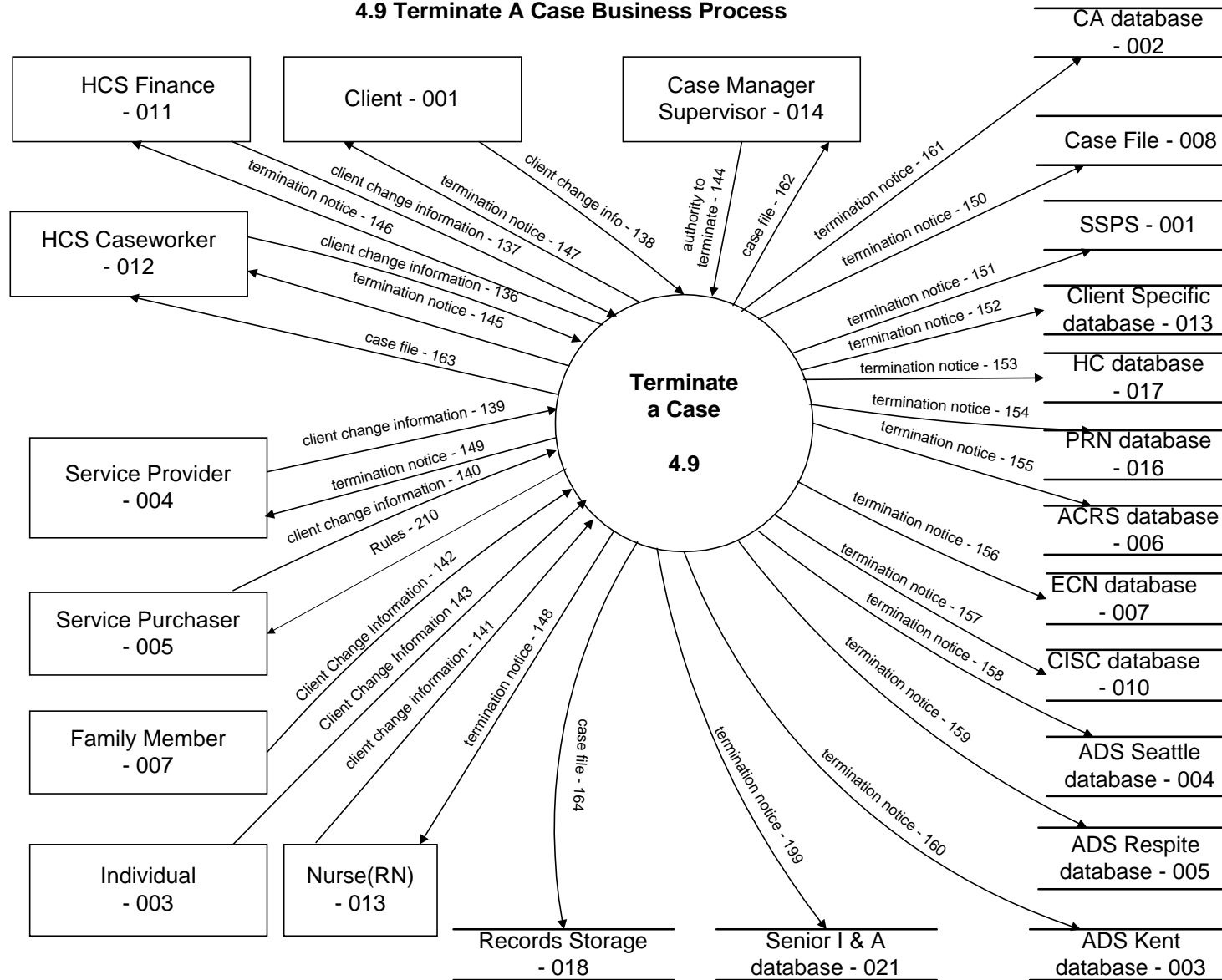
Case Managed Care Business Analysis

4.7 Monitor a Client's Status Business Process

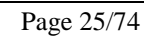


Case Managed Care Business Analysis

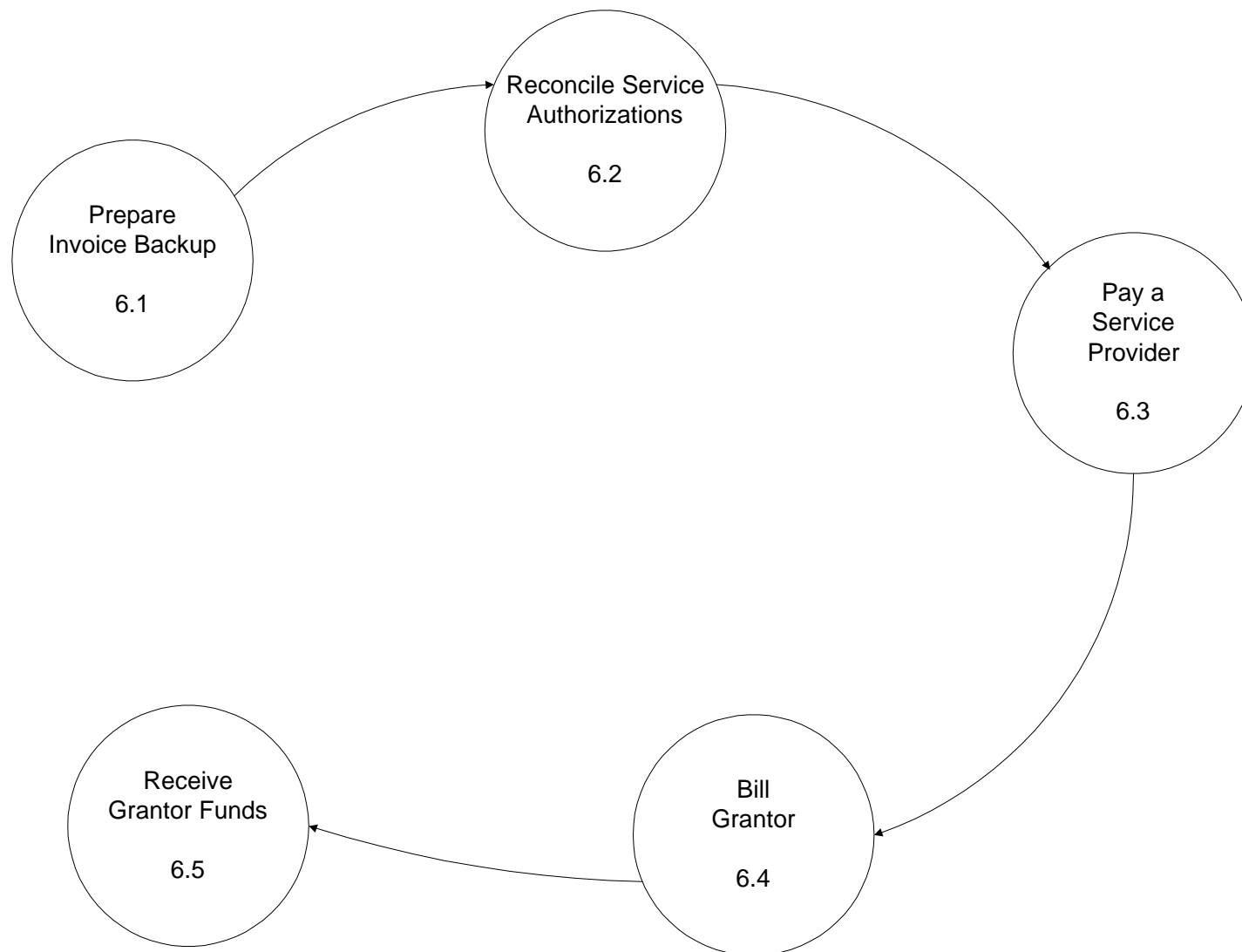
4.9 Terminate A Case Business Process



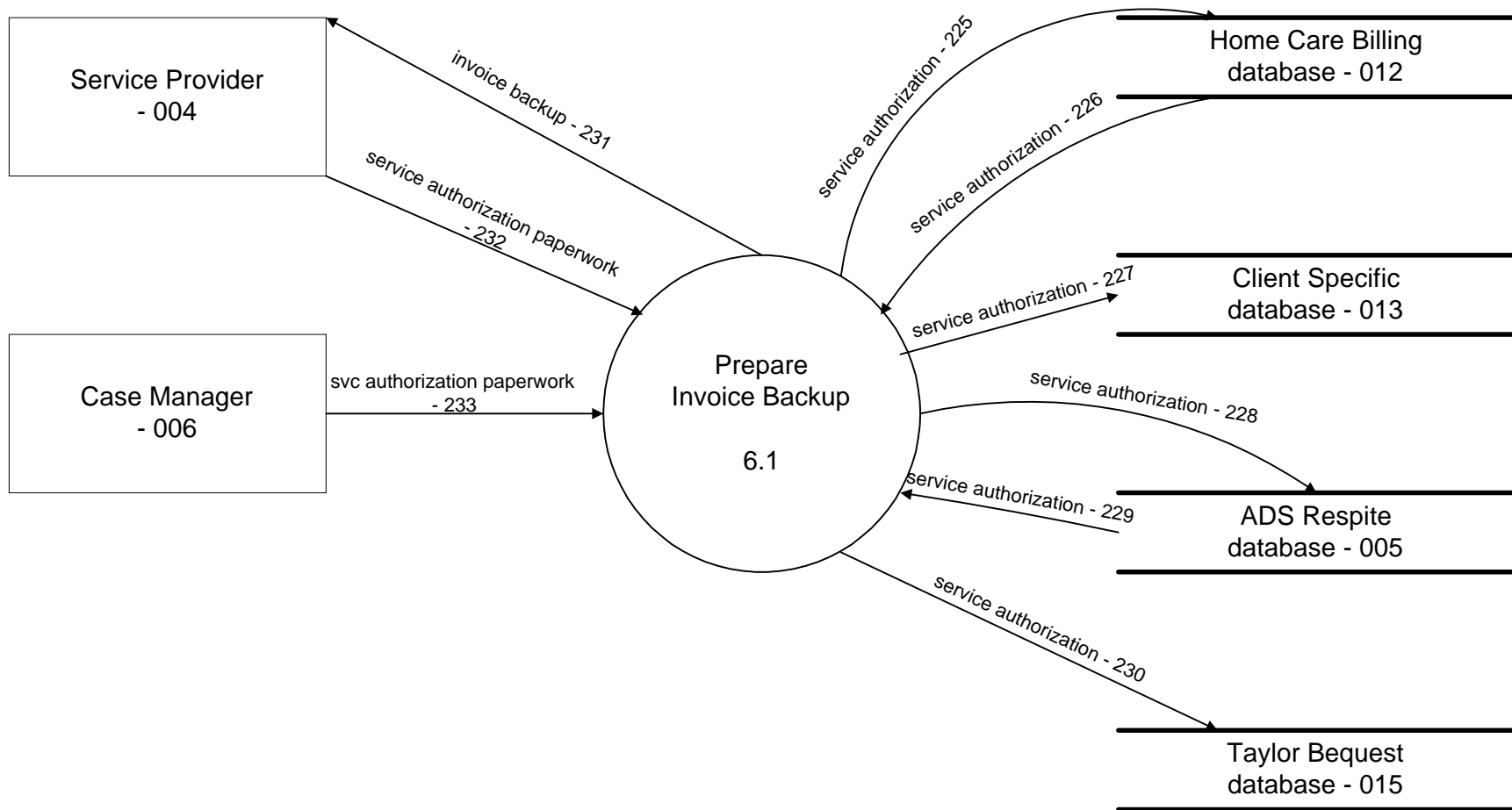
4.10 Conduct a Fair Hearing Business Process



Case Managed Care Business Analysis
6.0 Perform Billing Business Process

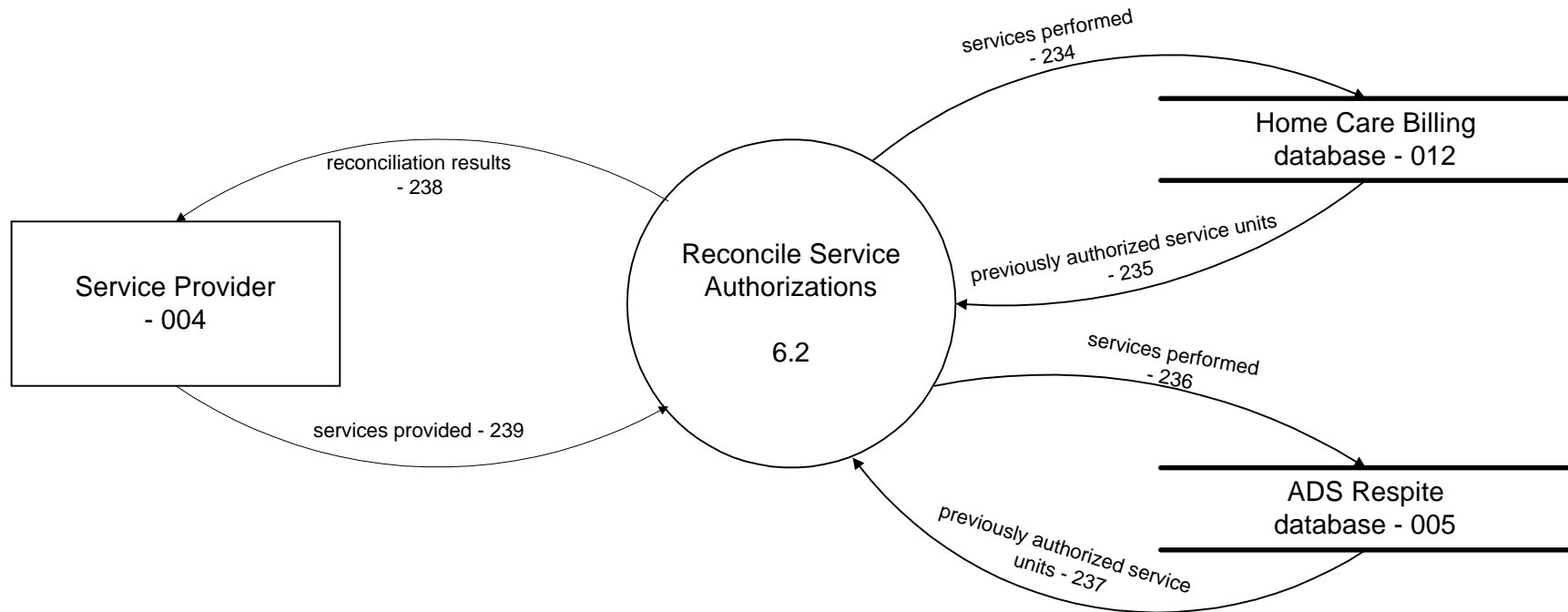


Case Managed Care Business Analysis
6.1 Prepare Invoice Backup Business Process



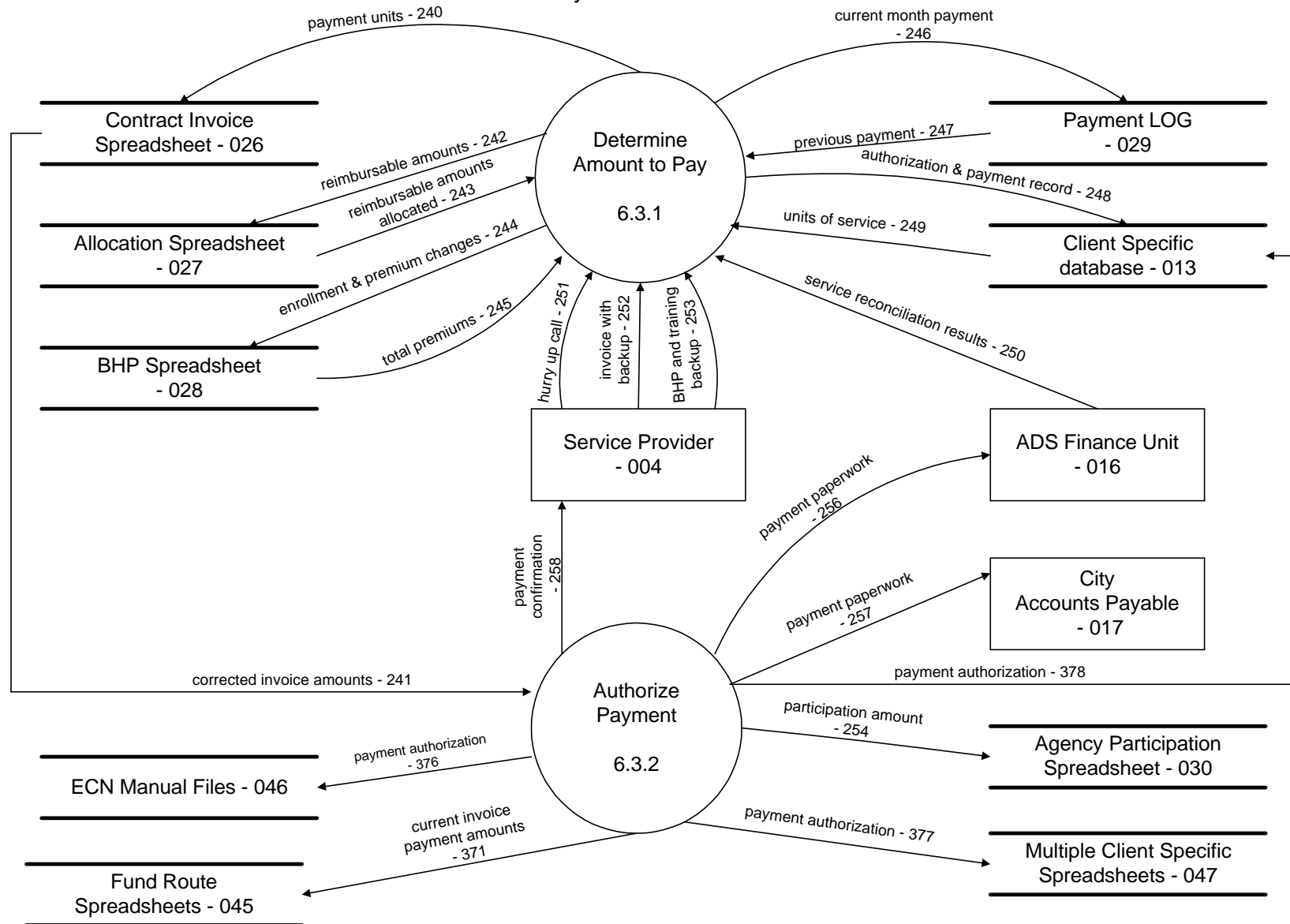
Case Managed Care Business Analysis

6.2 Reconcile Service Authorizations Business Process

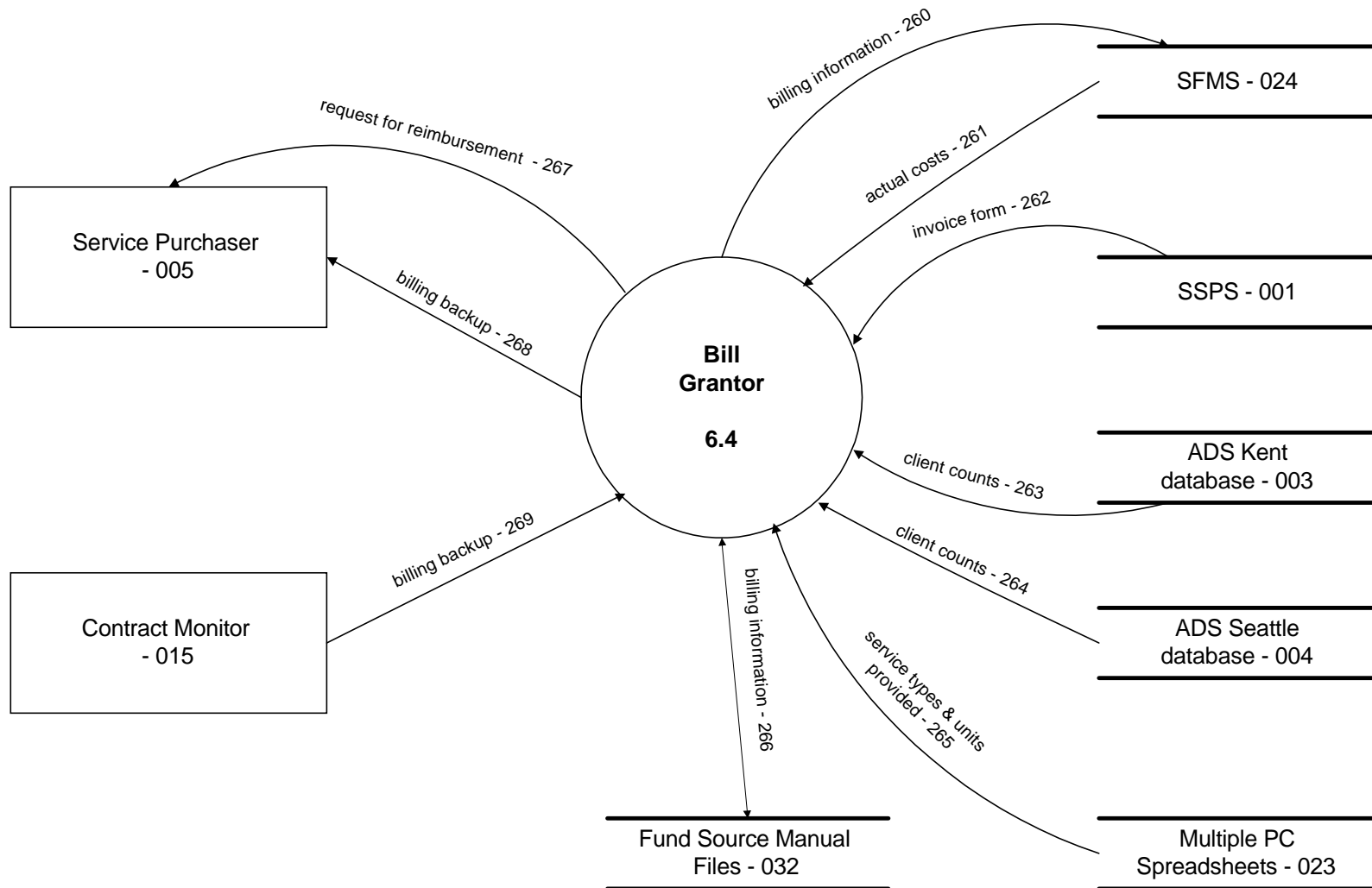


Case Managed Care Business Analysis

6.3 Pay Providers Business Process

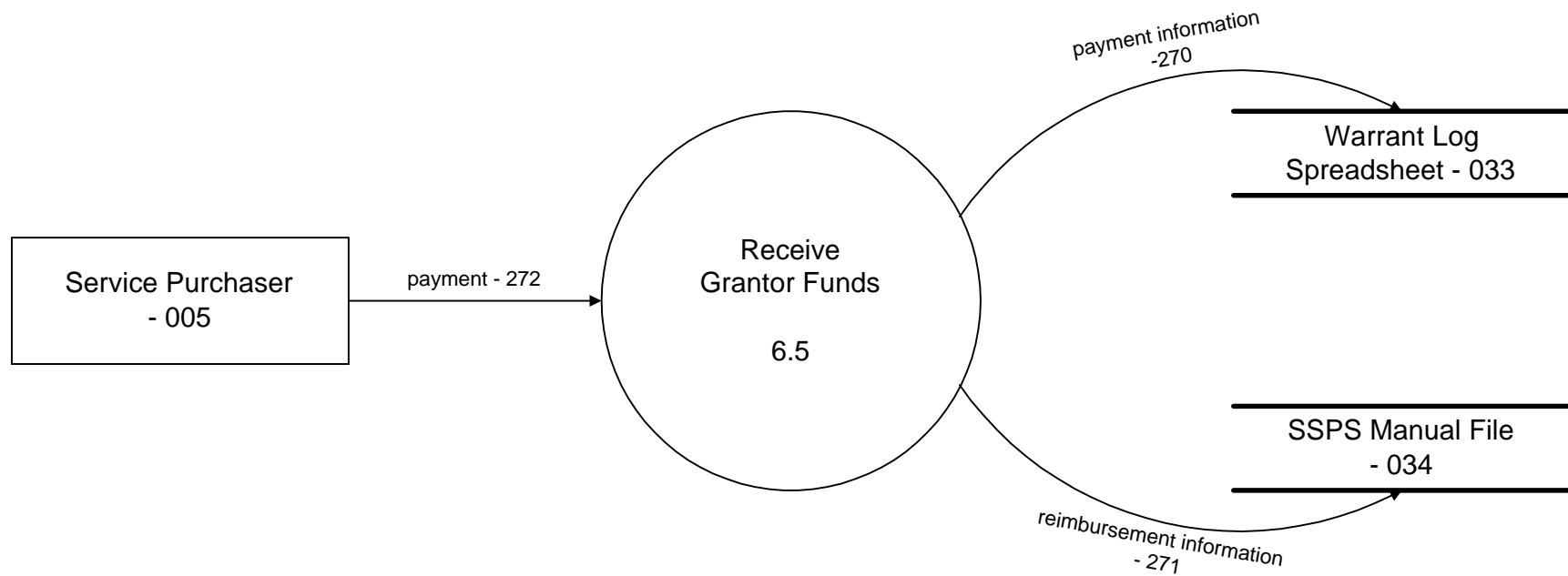


Case Managed Care Business Analysis
6.4 Bill Grantor Business Process

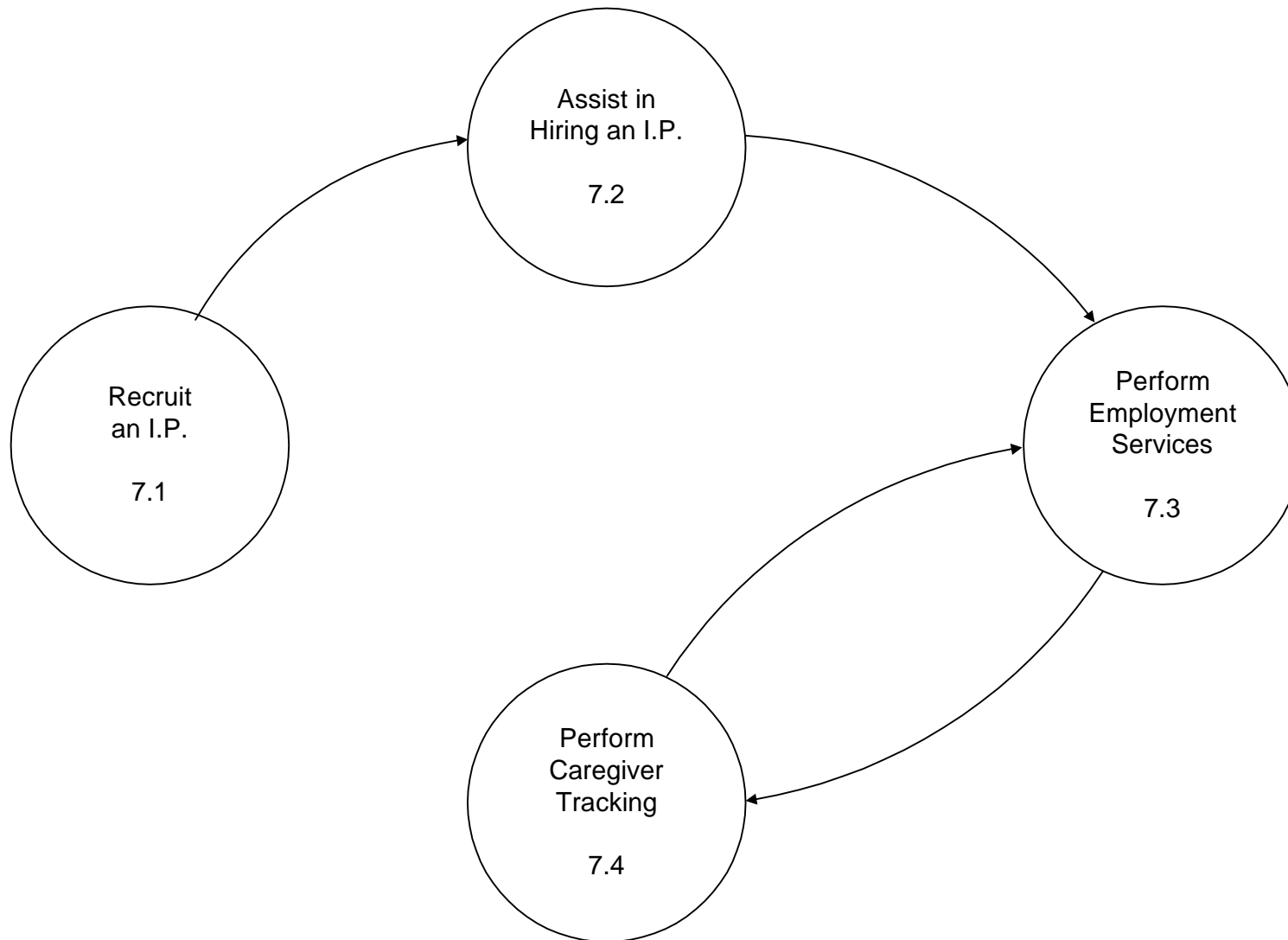


Case Managed Care Business Analysis

6.5 Receive Grantor Funds Business Process

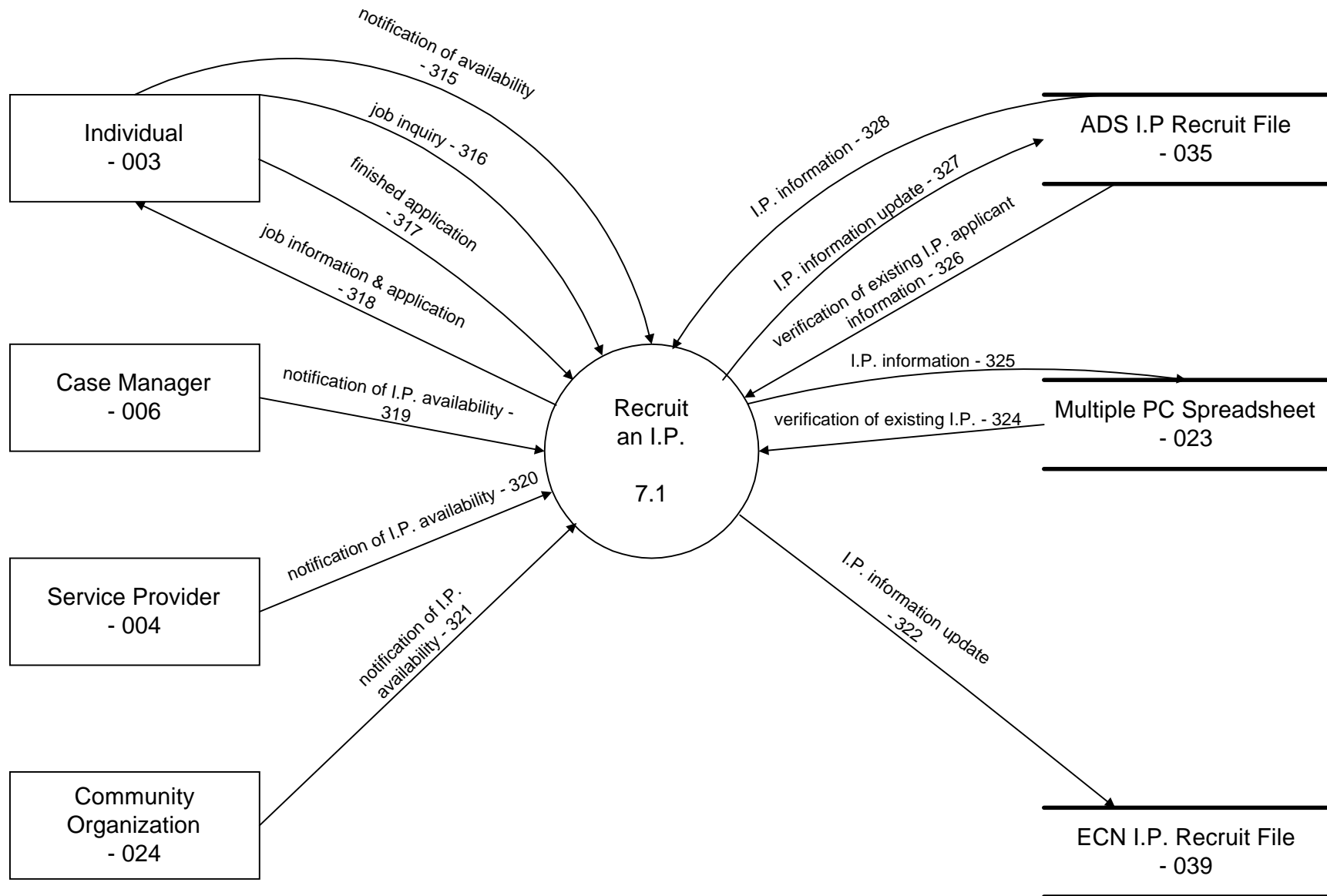


Case Managed Care Business Analysis
7.0 Perform I.P. Workforce Management Business Process



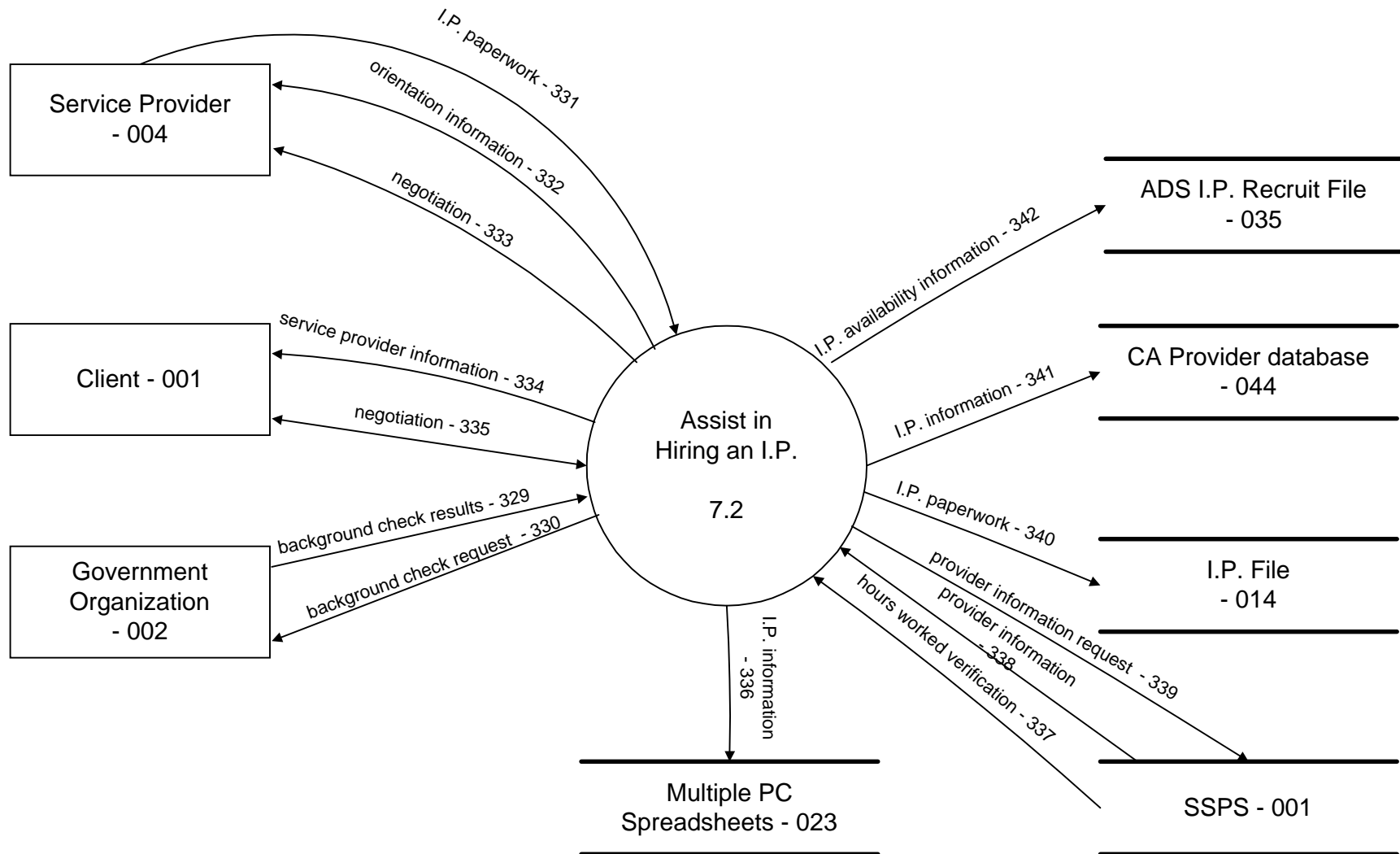
Case Managed Care Business Analysis

7.1 Recruit an I.P. Business Process



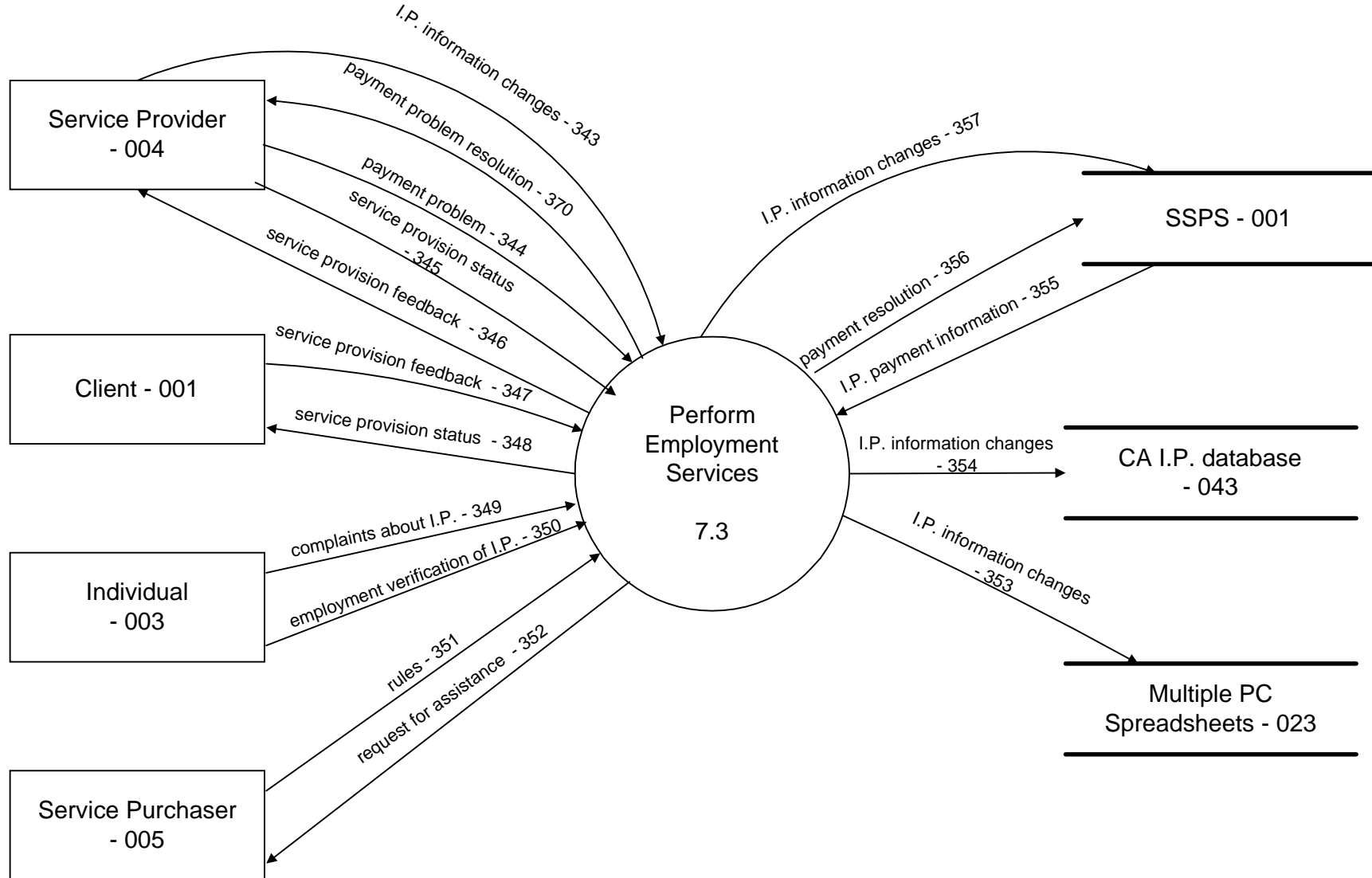
Case Managed Care Business Analysis

7.2 Assist in Hiring an I.P. Business Process



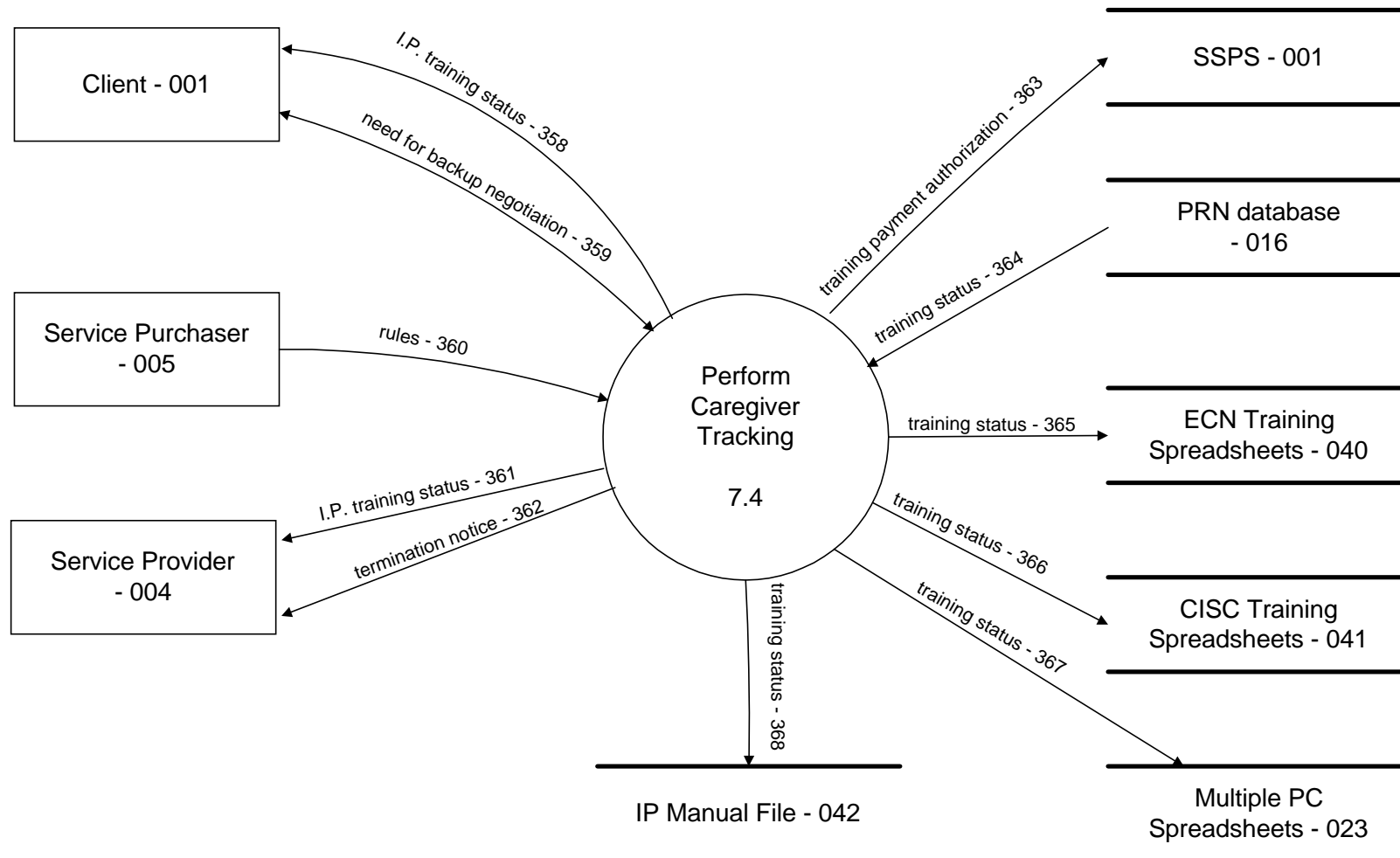
Case Managed Care Business Analysis

7.3 Perform Employment Services Business Process

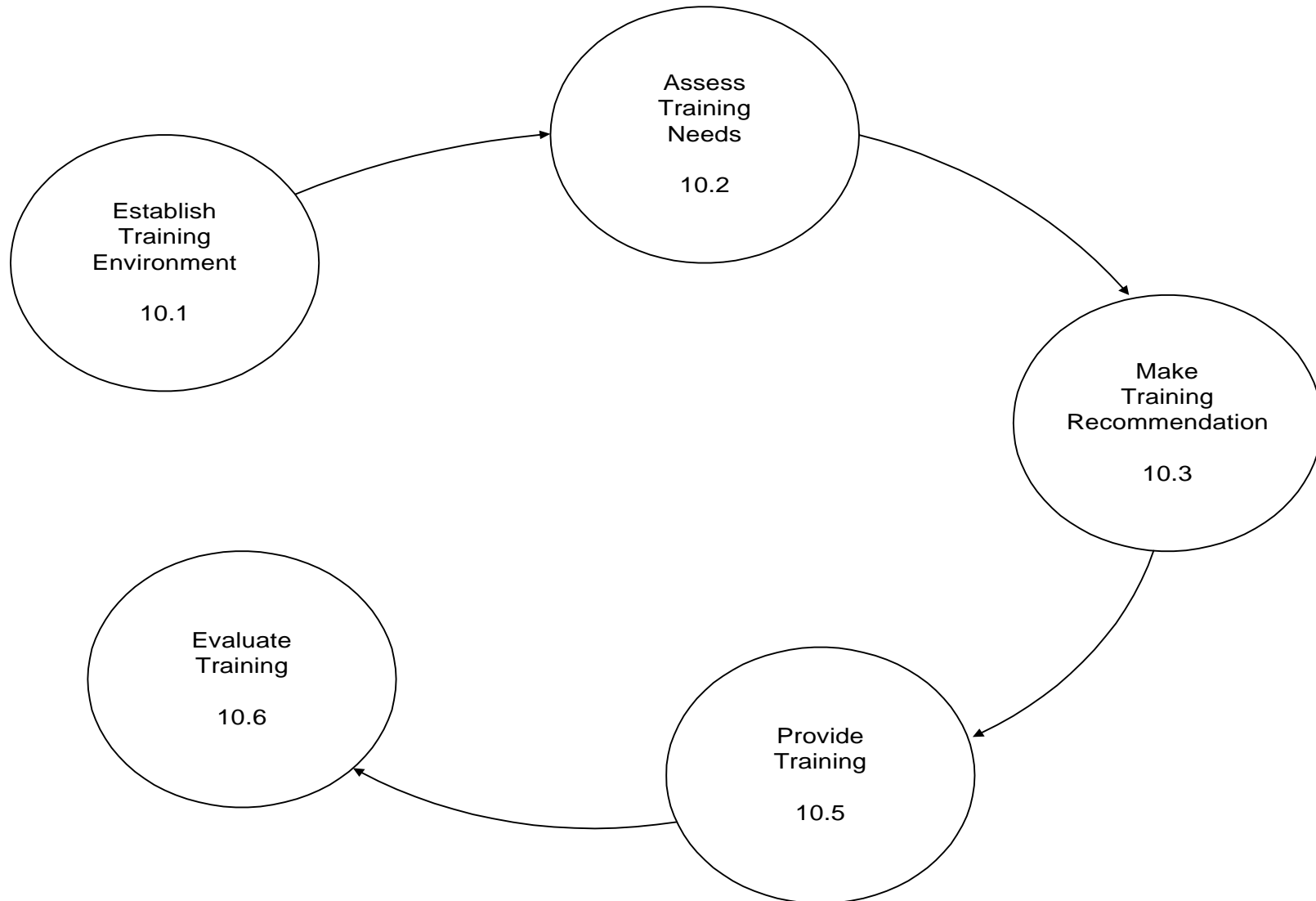


Case Managed Care Business Analysis

7.4 Perform Caregiver Tracking Business Process

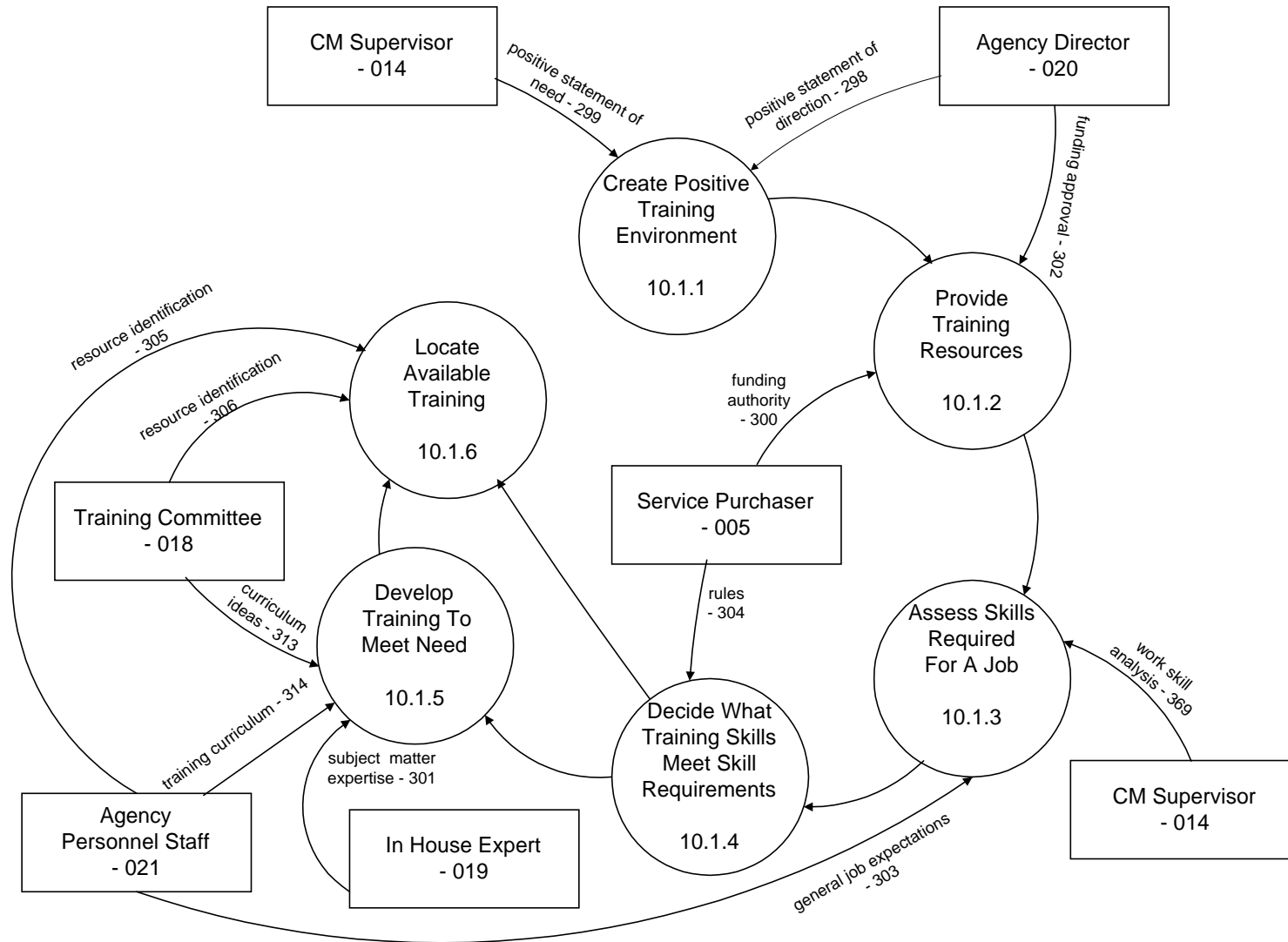


Case Managed Care Business Analysis
10.0 Perform Staff Training Business Process

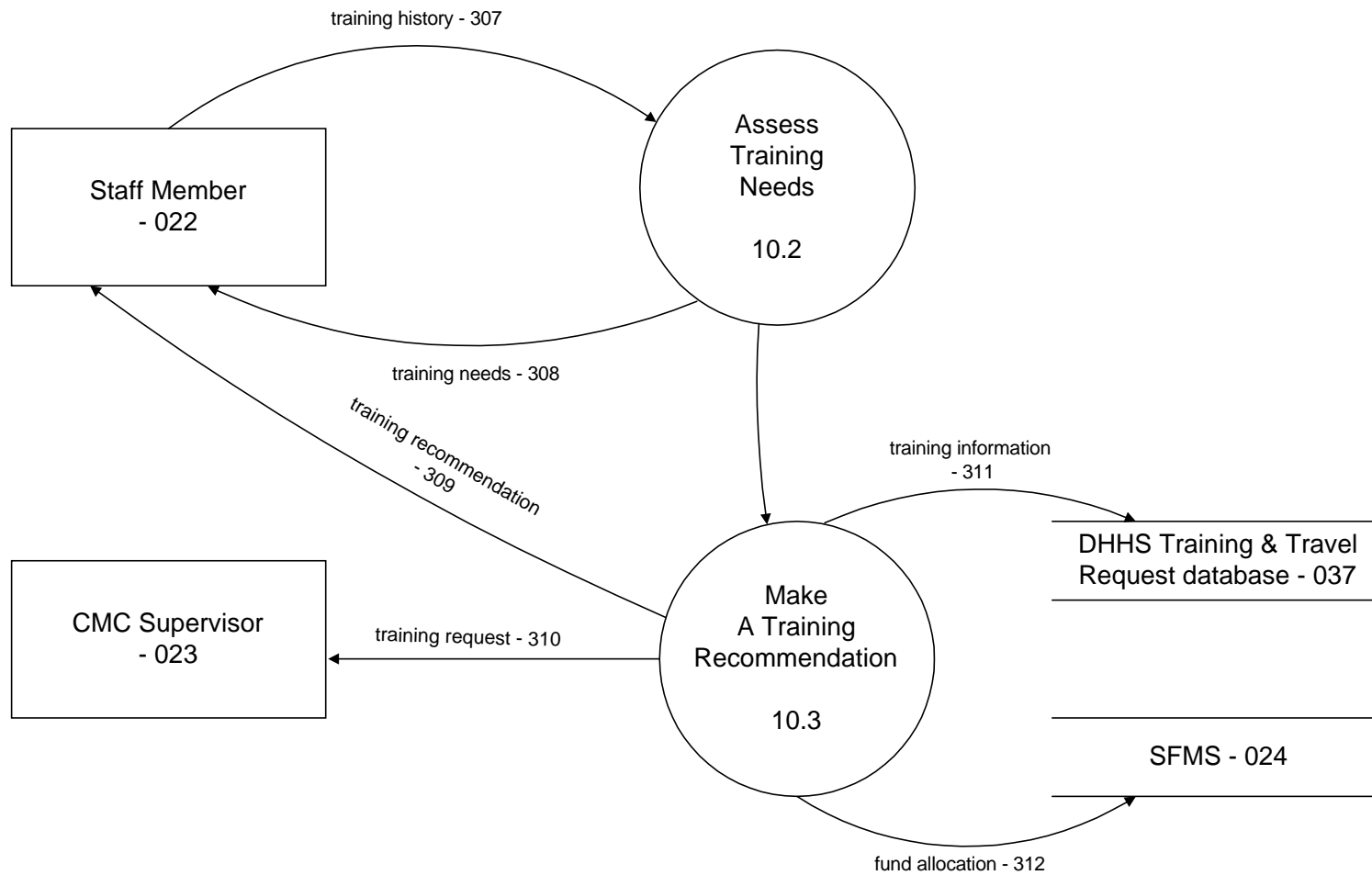


Case Managed Care Business Analysis

10.1 Establish Training Environment Business Process



Case Managed Care Business Analysis
10.2 Assess Training Needs &
10.3 Make a Training Recommendation Business Processes



7. Process Definitions

Key	Process Name	Definition
0.0	CMC	Case Managed Care. A process that coordinates services and manages resources, within a budget, through case management for a client so the client can retain their independence in the community.
1.0	Buy a service	A process that creates a contract with a service provider to provide services and products on behalf of clients.
2.0	Inform an individual	A process that provides information about resources to a client or other interested individual.
3.0	Refer a client	A process that sends a client or potential client to an organization that can provide appropriate information, resources or assistance. Includes three types of referrals: to CMC from an outside source, to an outside agency from CMC and an internal referral from one CMC office to another CMC office.
3.1	Receive a contact	A process that receives a contact from or on behalf of a person in need of services. The contact may come in any form, such as phone, fax, face-to-face, walk in. The contact may come from the potential client, another person or an organization, such as a service purchaser or service provider.
3.2	Perform client intake	A process that gathers enough information about a client to make an eligibility decision. <ol style="list-style-type: none"> 1. Look up existing client information in databases and files. 2. Gather statistical information about client. 3. Screen client for eligibility. 4. Make eligibility decision. 5. Designate an ineligible client as not a case.
3.3	Open a case	A process that creates a case by physically entering data in databases and files.
3.4	Refer a client to an agency	A process that notifies an agency (which could be another part of CMC) that CMC would like them to handle a case. <ol style="list-style-type: none"> 1. Request an agency to take a case by contacting them by fax or phone. 2. Follow up on rejected referrals.
4.0	Manage a case	A process that coordinates services and manages resources for a client, so the client can retain independence in the community.
4.1	Gather client background information	A process that discovers and compiles as much general information as possible about a client before talking to the person.
4.1.1	Review source of information	An activity that reviews a referral or an existing client file.
4.1.2	Contact actors	An activity that contacts one or more people to clarify information or get additional information.
4.1.3	Verify client information	An activity that verifies client information by looking into existing database information.
4.2	Schedule a client meeting	A process that sets up a contact with a client, within time guidelines specified by service purchasers, and taking into account the availability of the client and an interpreter, if needed, to meet.

Key	Process Name	Definition
4.2.1	Contact probable attendees	An activity that contacts the appropriate people who should attend a meeting. E.g., the client, an interpreter, appropriate individuals, service providers.
4.2.2	Schedule a meeting	An activity that sets the actual time and place of a meeting, through negotiation with appropriate parties, and notifies attendees of the details.
4.2.3	Document the meeting set up	An activity that documents that an initial contact meeting or home visit has been scheduled.
4.2.4	Prepare interpreter invoice	An activity that generates the appropriate paperwork needed to pay an interpreter, before the meeting actually takes place.
4.2.5	Communicate meeting set up disposition	An activity that documents with I&A whether an initial contact meeting or home visit was scheduled or if not.
4.4	Assess a client's needs	A process that performs a systematic and standardized evaluation of a client's functional and cognitive capacity and limitations, and other needs, strengths, abilities and resources.
4.4.1	Conduct interview	An activity that acquires information about a client, by meeting in person or over the telephone, using an interpreter as necessary, by asking direct questions about such things as nutrition, financial status, care givers and family members, listening, observing things about the client such as physical and mental condition, mood affect, mobility, appearance and grooming, and observing the client's surroundings,
4.4.2	Record interview results	An activity that records relevant words and impressions on paper or in a computer.
4.4.3	Complete client paperwork	An activity that helps clients sign program forms and complete any other paperwork, such as voter registration.
4.4.4	Complete assessment	An activity that does anything else necessary to make an assessment, including such things as merging existing client information with what was discovered in the interview and asking follow up questions.
4.4.5	Record assessment information	An activity that formally records an assessment in the appropriate files and databases.
4.4.6	Contact interested parties	An activity that calls or otherwise contacts appropriate people about the results of the interview.
4.5	Establish a service plan	A process that negotiates with a client, potential service providers, family members and other individuals to establish specific solutions to a client's problems and needs, according to limits established by service purchasers. A written document is created that outlines problems and needs, services needed to address the problems and needs—including who will serve when and how —and specific outcomes planned. The documentation includes as many specifics as possible.
4.5.1	Develop service plan	An activity that drafts a new plan or revises an existing one.
4.5.2	Negotiate with client	An activity that works out with a client the scope of services the client will accept. Includes such things as who will provide the services, how often and where.
4.5.3	Obtain plan authorization	An activity that obtains whatever authorizations are necessary, including signatures and exceptions to policy.

Key	Process Name	Definition
4.5.4	Negotiate with service providers	An activity that works out with service providers who will provide services, how often and where for a client. May include family members or individual providers.
4.5.5	Make referral to service provider	1. An activity that requests a service provider to accept a case and provides basic client information to the service provider. Or 2. An activity that provides essential client information to a service provider so a decision to accept service authorizations and deliver services can be made.
4.5.6	Complete service application forms	An activity that prepares and reviews formal applications for services on behalf of a client, or assists a client in preparing them.
4.5.7	Confirm with client	An activity that confirms with a client what services a service provider will provide, how often and when.
4.5.8	Inform senior I&A of case status	An activity that informs senior I&A about the outcomes of a referral from them.
4.5.9	Document plan	An activity that formally records a new or changed plan in files and databases.
4.7	Monitor a client's status	A process that insures that case management is being provided at the appropriate level and intensity for a client, that services are implemented in accordance with the service plan and are of adequate quality, and that problems are resolved promptly with changes made to the service plan as needed.
4.7.1	Receive time tickler	An activity that receives notification that it is time to take action regarding a case. E.g., a requirement for a periodic reassessment, an expiration of a service provider's authorized hours.
4.7.2	Receive client information	An activity that receives new or changed client information. Sources may include the client, service providers, provider agencies, an RN and other individuals, such as a neighbor or apartment manager.
4.7.3	Determine if a reassessment is needed	An activity that analyzes a client's status to see if a new assessment is necessary.
4.7.4	Determine if plan needs to be modified	An activity that analyzes a client's status to see if a client's service plan needs to be modified.
4.7.5	Reauthorize services	An activity that renews or extends services a client is eligible for, sometimes with a different service provider.
4.7.6	Schedule service dates	An activity that verifies a budget for available funds and schedules service episodes covered by the funds. E.g., respite for a caregiver. 1. Check budget for available funds. 2. Schedule service episodes. 3. Notify service providers. 4. Document in files and databases.
4.7.7	Document case in files and databases	An activity that formally records new or changed case information.

Key	Process Name	Definition
4.8	Perform a service for a client	A process that provides a direct service to a client. Usually performed by a case manager or someone acting on behalf of a case manager, such as a nurse or social service aide. The service may be non-reimbursable. E.g., driving a client somewhere, moving a client into SHA housing, acting as an advocate for a client, doing a dig out. 1. Determine the need for the service. 2. Perform the service. 3. Record the service provision.
4.9	Terminate a case	A process that changes the status of a client's case from active to inactive.
4.9.1	Verify ineligibility	An activity that verifies that a previous decision made to terminate a case is correct.
4.9.2	Initiate termination	An activity that takes the formal steps to terminate a case. 1. Close the SSPS case authorization. 2. Open a different authorization if necessary. 3. Close the CA file or transfer it to HCS. 4. Notify providers, such as HC, LTC, Nurse Oversight. 5. Notify I&A if appropriate. 6. Notify client (e.g., planned action notice). 7. Prepare termination or transfer form.
4.9.3	Document termination	An activity that places termination paperwork in files and updates external databases.
4.9.4	Review termination	An activity that reviews the case a final time before termination. May include returning the case to a case manager for termination documentation revisions.
4.9.5	Update internal documentation	An activity that updates internal files and databases with the termination information. Includes starting the records retention and destruction cycle for the termination information.
4.10	Conduct a hearing	A process that conducts an impartial hearing of a client's request to review a change in the status of a case.
4.10.1	Receive fair hearing request	An activity that receives and processes a request for a fair hearing from a client or other individual.
4.10.2	Schedule hearing	An activity that sets the time and place of a hearing and then notifies the appropriate participants.
4.10.3	Attempt negotiation	An activity that tries to settle issues before a formal hearing is held.
4.10.4	Hold hearing	An activity that formally and publicly hears the requester's request and any other relevant testimony.
4.10.5	Issue results	An activity that reaches a conclusion about the evidence presented and informs appropriate participants of the results.
4.11	Assign a case	A process that assigns the responsibility for a case to a case manager.
4.11.1	Receive a case or referral	An activity in which a CMC office receives a case or referral from another CMC office or an outside source.
4.11.2	Record case information	An activity that creates a new case record or updates an existing one.
4.11.3	Notify supervisor	An activity that informs a supervisor that a case needs to be assigned to a case manager.

Key	Process Name	Definition
4.11.4	Review case	An activity that reviews the content of a case so that an appropriate assignment can be made.
4.11.5	Assign case	An activity that assigns the responsibility for a case to a specific case manager. Includes providing the case manager with the physical case file.
6.0	Perform service provider billing	A process that accepts billing from providers for goods and services provided, pays providers and then bills grantors for reimbursement.
6.1	Prepare invoice backup	A process that prepares a form for a service provider to use to document services they have performed. 1. Record authorized service amounts. 2. Create an invoice backup form. 3. Send the form to a service provider.
6.2	Reconcile service authorizations	A process that compares the service amounts claimed by a service provider with previously authorized service amounts. 1. Receive a completed invoice backup form from a service provider. 2. Record service amounts. 3. For a client, compare the amounts of service authorized to levels claimed by a service provider. 4. Reconcile totals. 5. Send results to the service provider. 6. Send results to the contract monitor.
6.3	Pay a service provider	A process that determines and authorizes an actual amount to pay to a service provider.
6.3.1	Determine amount to pay	An activity that determines an amount to pay to a provider. 1. Receive service provider invoice. 2. Review BHP backup and training reports. 3. Generate allocation forms. 4. Receive summary sheet of service provided by agency. 5. Reconcile monthly invoice report submitted with payment log and summary sheet. 6. Record correct units of service or dollar amounts on invoice spreadsheet.
6.3.2	Authorize payment	An activity that authorizes payment to a provider. 1. Compare invoice spreadsheet to invoice received. 2. Approve invoice amount for payment. 3. Generate and send payment paperwork to Finance Unit. 4. Inform service provider of payment amount. 5. Update client participation records. 6. Review payment paperwork for accuracy. 7. Reconcile with SFMS. 8. Send to City Accounts Payable for payment.

Key	Process Name	Definition
6.4	Bill grantor	<p>A process that requests reimbursement from a fund source for services provided by CMC.</p> <ol style="list-style-type: none"> 1. Get actual costs and numbers of clients from various data stores. 2. Reconcile discrepancies. 3. Adjust expenditures. 4. Create billing and billing backup form. 5. Send billing and billing backup form to service purchasers by way of City General Ledger.. 6. Accrue information about both internally and externally done billing. 7. Record billing information in manual files.
6.5	Receive grantor funds	<p>A process that receives reimbursement monies from a fund source.</p> <ol style="list-style-type: none"> 1. Receive a payment, usually a check or warrant. 2. Record payment information in log. 3. Send check and log to general ledger unit for deposit. 4. Review warrant register and compile totals by service area. 5. Record reimbursement information in manual files. 6. Reconcile invoice amount to warrant totals.
7.0	Perform IP workforce management	<p>A process that manages an Individual Provider including activities such as interviewing, completing a contract, initiating a background check, orienting to the programs, referring to clients, assisting with payment issues, troubleshooting.</p>
7.1	Recruit an IP	<p>A process that actively seeks out potential applicants for employment as an individual provider, processes applications, and performs pre-employment checks.</p>
7.1.1	Advertise in the Media	<p>An activity that advertises for the position of IP using various mediums such as newspaper, kiosk, bulletin boards.</p>
7.1.2	Contact applicants	<p>An activity that calls or responds to potential individual providers and then sends applications to interested parties.</p>
7.1.3	Review application	<p>An activity that screens a potential individual provider by reviewing a written application. This activity may check available resources for verification of existing individual provider employment.</p>
7.1.4	Complete pre-employment check	<p>An activity that prepares pre-employment paperwork such as filing a background check, copying an applicant's driver's license and Social Security Card.</p>
7.1.5	Enter IP into available IP pool	<p>An activity that records information in the recruit database about an approved and available individual provider.</p>
7.2	Assist in hiring an IP	<p>A process that prepares employment paperwork and orients an individual provider to their employment.</p>
7.2.1	Complete employment paperwork	<p>An activity that collects and processes completed employment paperwork from an individual provider, such as a contract and background check.</p>
7.2.2	Orient an IP	<p>An activity that acclimates an individual provider into the system by providing information such as basic health plan, expectations, training requirements, invoice procedures and two week notice requirement.</p>
7.2.3	Activate an IP in SSPS	<p>An activity that submits paperwork to SSPS and in turn receives an individual provider number that is used for service authorization.</p>
7.2.4	Document IP information	<p>An activity that records new IP information in files and databases.</p>

Key	Process Name	Definition
7.3	Perform employment services	A process that assists and troubleshoots payment issues, grievances with employer. E.g. tracking missing invoices or checks, handle complaints or grievances from or regarding individual provider.
7.4	Perform caregiver tracking	A process that tracks and pays an individual provider for attendance at caregiver training.
9.0	Perform change management	A process that uses established mechanisms to monitor and control CMC business rule changes. Includes such things as deciding who can authorize a change, how changes are communicated to staff, where the official record of the rules and changes to the rules are kept and making a rules change.
10.0	Perform staff training	A process that trains individual staff members to do a specific kind of work or task.
10.1	Establish a training environment	A process that sets up an environment where effective training can take place.
10.1.1	Establish a training philosophy	An activity that makes a positive statement with adequate management backing about the importance of training.
10.1.2	Provide training resources	An activity that sets up or provides support systems that enable training to take place. Includes such things as adequate funding, providing time for training and a mechanism to backfill for positions during training.
10.1.3	Assess skills required for a job	An activity that determines what skills and knowledge are necessary to perform a body of work.
10.1.4	Decide what training will meet a skill requirement	An activity that determines what training is necessary to gain a set of knowledge or a skill.
10.1.5	Develop training	An activity that develops a training course or program.
10.1.6	Locate available training	An activity that locates and engages an already available training course or program.
10.2	Assess a training need	A process that determines if a staff member needs training to meet a skill or knowledge requirement.
10.3	Make a training recommendation	A process that determines what training a staff member will get for a time period.
10.3.1	Specify required training	An activity that informs a staff member about required training.
10.3.2	Suggest additional training	An activity that identifies training that is not required but is desirable for a staff member, suggested by a supervisor or the staff member.
10.3.3	Complete training request form	An activity that completes formal paperwork requesting training for a staff member. Includes training session registration forms if appropriate.
10.3.4	Get approval	An activity that gets necessary authorization to spend money and take time for specific training.
10.3.5	Submit training request for payment	An activity that formally allocates money for specific training.
10.3.6	Record training information	An activity that records information about planned training.

Key	Process Name	Definition
10.5	Provide training	A process that enables an individual staff member to take specific training. Includes things such as providing a mentor for one-on-one training, sponsoring sharing or debriefing of a person who has had training to another group and filling in with temporary help so a staff member is free to attend training.
10.6	Evaluate training	A process that assesses the value of the training to the person who took it. Usually performed by the staff member who participated in the training.

8. Actor Definitions

An actor is an organization, a person playing a role or a computer system, external to a business process (bounded by a circle) and a source or destination of information.

Actor	Key	Definition
ADS Contract Monitor	015	A staff member who negotiates with CMC service providers, writes contracts, monitors the quality of the services provided by service providers for a contract and processes invoices related to a contract.
ADS Finance Unit	016	The finance unit of Aging and Disabilities Services in DHHS.
Agency Director	020	A management person with the authority to allocate funds and to assign staff members to work and training.
Agency Personnel Staff Person	021	A person who works in a personnel function of an organization.
Case Manager	006	A person who coordinates the provision of essential services to assist elders and adults with disabilities.
Case Manager Supervisor	014	A person who oversees the work of a case manager.
City Accounts Payable	017	The City of Seattle unit responsible for managing accounts payable and issuing actual payments.
Client	001	An individual who contacts us, or is referred to us, who needs or receives service. For example, A person 60 or older, a disabled adult over 18, a primary caregiver of a disabled adult, an adult with a chronic illness, an SHA housing tenant. An external entity.
CMC Supervisor	023	An employee of a CMC organization who directly oversees the work of other employees.
Community Organization	024	A public or private, for-profit or non profit, group of citizens organized for a common local purpose. May provide input to ADS, policy position information or independent provider candidates. E.g., YWCA, Urban League, American Red Cross, Central Area Motivation Program, HEART, Workforce, Seattle.
Family Member	007	An individual who is a member of a client's family.
Government Organization	002	A public organization that creates rules that affect case managed care programs. For example, PSD (DHHS Program Support Division), City of Seattle Law Department, DHHS Director's Office, HHS, a federal government agency. An external entity.

Actor	Key	Definition
HCS Caseworker	012	An individual who is a social worker employed by Home and Community Services.
HCS Finance	011	Home and Community Services finance department.
In House Expert	019	A staff member who provides professional expertise to plan or perform training.
Individual	003	A person who contacts us, or is referred to us, we have a need to contact, or someone related to or connected to a client. For example, a client's neighbor, a family member, an employee of an external organization. An external entity.
Interpreter	010	A service provider who is an interpreter in a desired language.
Nurse (RN)	013	A person certified by the State of Washington as a registered nurse.
Referent	009	An individual who makes a client referral.
Referral Agency Staff Member	008	An individual who is an employee of an agency making a client referral.
Service Provider	004	An organization, or individual acting as a business, that delivers direct services to clients. Includes providing goods. For example, Visiting Nurse Services, Catholic Community Services, Sears. An external entity. Not a person acting in the capacity of a case manager, a nurse, interpreter, agency staff member or similar role.
Service Purchaser	005	A public or private organization that purchases case managed care services from CMC for clients. For example, SHA, National Case Management, HUD Section 8, AASA, Taylor Bequest. An external entity.
Staff Member	022	An employee of a CMC organization.
Training Committee	018	A group of ADS case managers, and supervisors representing case management in Seattle and Kent, who propose and advise on training and training-related activities, based on needs expressed by staff members.

Data Store Definitions

A data store is a place to keep stable business information that is input to or output from a business process.

Data Store	Key	Definition
SSPS	001	A database embedded in the Washington State automated system that generates monthly payments to independent providers, service providers, and the AAAs who are authorized for payment by Home and Community Services and Area Agency on Aging case managers. Located on a Unisys mainframe in Olympia, WA. The current MS-DOS Pascal front end is being rewritten using Visual Basic 5.0.
CA database	002	An Access 2.0 database with a Visual Basic front end located on individual desktops and laptops around the state. Case managers upload database information using a modem or a Wide Area Network connection to the AASA central CA database in Lacey, WA. Used to collect client information to determine the need for services and referrals to other community resources. In addition, it is a tool used to reassess the needs of clients who have been screened and are eligible for case management services. The system also generates the Service Plan for a client from information gathered from the client's CA.
ADS Kent database	003	An Aging and Disabilities Services' case management program file-server database currently kept on the DHHS network in Kent.
ADS Seattle database	004	An Aging and Disabilities Services' case management program file-server database currently kept on the DHHS network in Seattle.
ADS Respite database	005	An Aging and Disabilities Services' Respite program file-server database currently kept on the DHHS network in Seattle.
ACRS database	006	An Asian Counseling and Referral Service program Reflex database currently kept on a PC at ACRS.
ECN database	007	A client information database containing basic client demographic information, emergency contact, PCP, referral information and daily case management activities on all ADS and ECN clients back to 1988. Currently in Access on a PC.
Case file	008	A collection of manual records about a specific client's case.
Interpreter file	009	A list of DSHS certified language interpreters provided by the state and kept as a printed report at various locations.
CISC database	010	A Chinese Information and Service Center Excel spreadsheet database kept on the supervisor's PC, which tracks demographic information, service authorizations, current program status and case manager assigned for a client.
Home Care billing database	012	An ADS Rbase database which contains authorization history for Personal Care, COPES and Chore clients. It is used to create invoices for the provider agencies to bill ADS for home care services to clients.
Client specific database	013	An ADS network Access database that tracks service authorizations, client co-pay amounts, costs of actual goods and services provided and fund balances available for client services.
IP file	014	A list of current independent providers kept in printed format or on a PC spread sheet at various locations.

Data Store	Key	Definition
Taylor Bequest database	015	A list of expenditures from the Taylor Bequest emergency fund kept on a PC spread sheet at ADS.
PRN database	016	A system of relational, Windows based, multi-user, custom designed databases used to support the nurse oversight and caregiver training program.
Records storage	018	A box, file cabinet or warehouse where inactive records are kept until they are retrieved for active use or destroyed according to the State of Washington records retention schedule.
ACES financial database	019	The Automated Client Eligibility System is a DSHS online system on a mainframe in Olympia that integrates public assistance programs under a single, client-based system. DSHS financial workers input client eligibility information into ACES.
HCS bar code database	020	A Home and Community Services Database that includes client information such as financial status, currently assigned financial and/or service worker, office location by CSO assigned number, and last four prior file locations. It has a DOS front end and is located on a Sybase SQL Server in Olympia. The client portion is located on the LAN at HCS.
Senior I&A database	021	A database containing client demographic information and assistance case records kept in Access on the Senior Service's NT Ethernet network
Fair hearing file	022	A collection of manual records kept by the fair hearing coordinator, containing documentation concerning past and pending fair hearing cases.
Multiple PC Spreadsheets	023	One of a large set of individual spreadsheets kept on many PCs. Each one may be used by more than one person. Copies are made as needed and there is no standard procedure for determining if a spreadsheet or a copy of one contains the data of record for a kind of business data.
SFMS	024	A database embedded in the City of Seattle's financial management system. Currently a mainframe database managed by ESD.
Supervisor's log	025	A paper log on a clipboard kept by each case manager supervisor.
Contract invoice spreadsheet	026	Multiple contract invoice spreadsheets. Each contains the invoice which a service provider uses to request payment. ADS and the service provider have identical spreadsheets, but the service provider bills by hard copy, not electronically. The contract monitor enters approved units or dollar amounts of services provided. The spreadsheets provide the accurate payment amounts for correcting the invoices submitted and maintain reimbursement-to-date totals. On an ADS Contracts Unit PC.
Allocation spreadsheet	027	Multiple training and BHP allocation spreadsheets. Used to cost allocate approved BHP or training payment amounts, to fund sources, for service providers. Used to create backup for billing the state. On an ADS Contracts Unit PC.
BHP spreadsheet	028	Multiple BHP enrollment spreadsheets. Used to cost allocate approved BHP or training payment amounts, to fund sources, for service providers. Used to create backup for billing the state. On an ADS Contracts Unit PC.
Payment log	029	Multiple ACCESS database files that track actual and estimated home care payment amounts. On an ADS Contracts Unit PC.
Participation spreadsheet	030	Multiple participation spreadsheets which contain core service client participation fees by service provider on an ADS Contracts Unit PC.
Fund source manual file	032	An ADS manual file of fund source information.

Data Store	Key	Definition
Warrant log spreadsheet	033	An EXCEL spreadsheet listing all warrants received from the state for reimbursement for amounts ADS paid to agencies for hours served to clients for the MPC, COPEs and Chore programs
SSPS manual file	034	A manual file located in the Finance Unit of ADS containing monthly accrual figures of amounts paid to agencies for hours served to clients for MPC, COPEs and Chore home care programs.
ADS IP recruit file	035	A spreadsheet maintained by an ADS IP recruiter. Lists an independent provider's availability for work. On a PC Windows card file in the ADS network.
GRAT database	036	Geriatric regional assessment team. An Evergreen Community Health Care program database of client demographic information currently kept at the Design Center on a PC using UNIX.
Training & travel request database	037	A Paradox PC database kept by the DHHS Human Resources Unit. Holds and tracks training requests.
ECN IP recruit file	039	A tickler system on an Excel spreadsheet on an ECN PC. Reminds case managers when new providers need to take classes.
ECN training spreadsheets	040	A set of ECN spreadsheets that contain records of IP training, kept on an ECN office PC.
CISC training spreadsheets	041	A set of CISC spreadsheets that contain records of IP training, kept on a CISC office PC.
IP manual file	042	An ADS manual file of independent provider information.
CA IP database	043	A module of the CA database (002) in which provider information such as name, address, hire date, contract date, and training dates are kept. The IP database is uploaded along with the CA database, but the information stays put and can not be retrieved.
CA provider database	044	Same as 043.
Multiple fundroute spreadsheets	045	A set of ADS Finance spreadsheets that contains service provider payments, kept on an ADS Finance PC.
ECN manual files	046	A collection of manual records kept by ECN, containing documentation about Client Specific cases and providers.
Multiple Client Specific spreadsheets	047	Any of various Client Specific spreadsheets kept on a PC in such places as ECN, CISC and ACRS.
Client Specific budget log	048	A record of Client Specific provider payment authorizations kept in manual files by ADS Finance.

10. Data Flow Definitions

A data flow is a set of information input to or output from a business process.

Data Flow	Key	Definition
Change of service request	001	A request to CMC by a service provider, a client, or individual to change the quantity or kind of service originally requested. E.g., an individual contacts a case manager about a change in health affecting functional abilities, e.g. broken arm, an MPC client calls to request a PERS -- Personal emergency response system, a client requests a change of provider.
Client assistance information	002	A communication from CMC to a client of appropriate information that the client may use. E.g., a list of adult family homes or a list of dentists who accept Medicaid; send a client an application form for a disabled parking permit.
Client self-referral	003	A referral of a client to CMC by himself or herself. E.g., a previous client who calls requesting services or a specific case manager's help in obtaining services; a client who calls I & A directly.
Government organization rule	004	A requirement communicated to CMC by a government organization that affects the way case managed care does business. E.g., an ADA requirement, a voter registration regulation, a City of Seattle procedural rule.
Individual follow up	005	A communication from CMC to an individual updating the status of a client the individual referred or supplying some information requested. E.g., a call back to a family member regarding services pending or in place for a client.
Payment adjustment	006	A notice from CMC to a service purchaser or service provider authorizing payment for services or an adjustment to a previous payment authorization. E.g., notifying a service purchaser about a provider's lost or stolen warrant or an underpayment or overpayment.
Referral in	007	A referral of a client to CMC by an individual, a service provider or a service purchaser. E.g., a client with severe body lice in an infested apartment is referred by a neighbor to an outside agency which refers to ADS Case Management program, a utility company refers a client who has a pending shut off and who cannot pay a bill, GRAT Referral to Senior I & A., a referral from an adult day care center for Respite care services, visiting nurse referral to an SHA case manager, SHA refers a client to CMC for case management services.
Service authorization	008	An authorization to perform or modify a service communicated by CMC to a service provider. E.g., someone at CMC uses SSPS to notify DHHS or HCA that a service is authorized to be provided by a specific service provider for a client, a plan of action notice that specifies service such as a change in the hours of service, sending a copy of SSPS 154 to HCA, a termination based on something such as a client who is no longer eligible, a client who refuses services or a client who died, authorization for CH specific fund services.
Service plan and CA	009	A provision by CMC of a service plan and comprehensive assessment to a service purchaser or a service provider. E.g., a case manager sends a CA & Service Plan to Fremont, CCS, PRN, an evaluation tool used to access a client.
Service provider invoice	010	A request to CMC for payment from a service provider. E.g., Triarm submits a bill to a contracts specialist for payment of 160 hours of home care service provided in March.

Data Flow	Key	Definition
Service provider payment	011	A payment to a service provider by CMC for services and goods provided. E.g., VNS receives a check from DHHS for Respite services provided in March.
Referral out	012	A referral of a client to a service provider by CMC. E.g., a case manager contacts Meals on Wheels to initiate home delivered meal service for a client.
Service provider rule	013	A requirement communicated to a service provider by CMC that affects the way the service provider does business. E.g., communication to an agency provider that a penalty will be imposed if the CMC program is not informed when a client service hours are not served, a service contract amendment which changes a unit rate.
Service purchaser allocation decision	014	A requirement communicated to CMC by an organization that affects the way case managed care can spend funds. E.g., a sponsor makes and communicates a decision about how discretionary funds will be distributed, a notice of rate change is received from U.S.D.A which changes a reimbursement rate.
Service purchaser billing	015	A request to a service purchaser by CMC for payment for services and goods provided. E.g., an ADS Finance person completes an SSPS billing form by entering individual client hours served for MPCs, COPEs & CHORE clients.
Service purchaser payment	016	A notice to CMC of payment or intent to pay for a reimbursement or a maximum award amount. E.g., ADA in DHHS receives monthly checks from SSPS for reimbursement of MPCs, COPEs, CHORE services performed.
Status report in	018	A communication of program or agency status to CMC by a service provider or service purchaser. E.g., a nurse oversight visit summary letter forwarded to a case manager, a case manager receives a visiting summary of a client from nurse oversight, a monthly demographic report, a narrative report on service COPEs, an SSPS worker report showing services authorized or expiring services.
Status report out	019	A communication of client, program or agency status by CMC to a service purchaser or government organization. E.g., HC training class documentation used to update legislators, an SHA monthly report that includes information on clients' service, a crisis briefing, a manager consultation.
Interpreter request	020	A written or verbal request for language interpretation services in a specified language such as Spanish, from a case manager to an external provider who is an interpreter in the desired language.
Client information query	021	A written or verbal request to a referent for information about a client. The information requested could be about anything related to a client. E.g., financial, demographic, medical, behavioral information.
Client information	022	Written or verbal information about a client from a referent. The information received could be anything related to a client.
Time availability information	023	Written or verbal information concerning a client's available time to meet.
Client special needs information	024	Written or verbal information about one or more special needs a client may have. E.g., physical accessibility, language interpretation.
Meeting notification	025	A written or verbal notice to a client about the purpose, time and place of a meeting.

Data Flow	Key	Definition
Rate negotiation	026	A two way discussion about the compensation an interpreter will accept for a kind or instance of service provision.
Response time rule	027	A service purchaser rule stating the time frame in which a response must take place.
Payment authorization	028	A statement from a funding authority that authorizes a payment or set of payments of funds for interpreter services.
Rule	029	A constraint on behavior from a government organization.
Client assessment information	030	Recorded evaluation information about a client in a case file. The information could be anything related to a client.
Availability information	031	Information concerning a person's availability to participate in a client's care plan.
Service plan agreement	032	A client's expressed willingness to accept the terms of a service plan.
Service plan negotiation	033	A two way communication between a client and a case manager of desires and requirements related to establishing a service plan.
Service provider negotiation	034	A two way communication between a client and a case manager of desires and requirements related to agreeing on which service providers will provide service for a client.
Contract	035	An agreement to do or not to do something between a service provider and a case manager, with terms explicitly stated.
Service provider authorization	036	A statement from a case manager that authorizes the provision of one or more services to a client.
Service provision negotiation	037	A two way communication between a case manager and a service provider of desires and requirements related to agreeing on what services a service provider will provide for a client.
Involvement negotiation	038	A two way communication of desires and requirements related to agreeing on what services a family member will provide for a client.
Service plan	039	A provision by CMC to an individual of the contents of a service plan regarding a specific client, which specifies the individual's involvement.
IP paperwork	040	A form, report or piece of information related to a particular individual provider entered into the IP file.
Service application	041	A copy of the information about an application for service on behalf of a client entered into a case file.
Comprehensive assessment	042	A written documentation of the assessment of a client which includes demographic information, housing description, health status, psychological, social and cognitive status, functional abilities and supports, income and resources, level of care needed and services currently receiving.
IP information	043	A form, report or piece of information related to a particular individual provider entered into the IP recruit file.
Available independent providers	044	A list of independent providers from the IP recruit file, stating their skills and availability for a time period.
IP background check request	045	A request to a government organization to check for the existence of a criminal record of an IP.
IP background check results	046	A response from a government organization regarding the existence of a criminal record of an IP.

Data Flow	Key	Definition
Visit summary	047	A report from an oversight nurse to a case manager, summarizing the result of a nurse monitoring visit, including information changes in a client's health status, and any resulting recommendations for the client's service plan. It may also include an evaluation of the care provided by a caregiver, and describe training recommended or provided by the nurse.
Case management monitoring and authorizing rules	048	A constraint on case management behavior from a service purchaser. E.g. the WACS or changes in WACS
Service request	049	A request to CMC by a client to provide service to a client.
Work service report	050	A monthly report generated from SSPS which details the authorizations of a case manager's entire caseload.
ICL report	051	Individual client list. A report from the ACRS database that summarizes a case manager's current case load.
Client information update	052	A change or addition to existing client information in the ACRS database.
Client information query	053	A written or verbal request to a family member for information about a client. The information requested could be about anything related to a client. E.g., financial, demographic, medical, behavioral information.
Client information query	054	A written or verbal request to a client for information about the client. The information requested could be about anything related to a client. E.g., financial, demographic, medical, behavioral information.
Client information query	055	A written or verbal request to a service provider for information about a client. The information requested could be about anything related to a client. E.g., financial, demographic, medical, behavioral information.
Client information query	056	A written or verbal request to a service purchaser for information about a client. The information requested could be about anything related to a client. E.g., financial, demographic, medical, behavioral information.
Client information query	057	A written or verbal request to a referral agency staff member for information about a client. The information requested could be about anything related to a client. E.g., financial, demographic, medical, behavioral information.
Client information	058	Written or verbal information about a client from a family member. The information received could be anything related to a client.
Client information	059	Written or verbal information about a client from a client. The information received could be anything related to a client.
Client information	060	Written or verbal information about a client from a service provider. The information received could be anything related to a client.
Client information	061	Written or verbal information about a client from a service purchaser. The information received could be anything related to a client.
Client information	062	Written or verbal information about a client from a referral agency staff member. The information received could be anything related to a client.
Client information	063	Information about a client from SSPS. The information received could be anything related to a client.
Client information	064	Information about a client from an ADS database. The information received could be anything related to a client.
Client information	065	Information about a client from the CA database. The information received could be anything related to a client.

Data Flow	Key	Definition
Client information	066	Information about a client from a case file. The information received could be anything related to a client.
Time availability information	067	Written or verbal information concerning an interpreter's available time to meet.
Meeting notification	068	A written or verbal notice to a family member about the purpose, time and place of a meeting.
Meeting notification	069	A written or verbal notice to a service provider about the purpose, time and place of a meeting.
Meeting notification	070	A written or verbal notice to an interpreter about the purpose, time and place of a meeting.
Client information	071	Written or verbal information about a client from a family member. The information received could be anything related to a client.
Client information	072	Written or verbal information about a client from a service provider. The information received could be anything related to a client.
Rule	073	A requirement communicated to CMC by a service purchaser that affects the way case managed care assesses a client's needs.
Client assessment information	074	Recorded evaluation information about a client in the CA database. The information could be anything related to a client.
Client assessment information	075	Recorded evaluation information about a client in the ADS Kent database. The information could be anything related to a client.
Client assessment information	076	Recorded evaluation information about a client in the ADS Respite database. The information could be anything related to a client.
Client assessment information	077	Recorded evaluation information about a client in the ADS Seattle database. The information could be anything related to a client.
Client assessment information	078	Recorded evaluation information about a client in the HCS database. The information could be anything related to a client.
Client assessment information	079	Recorded evaluation information about a client in the ECN database. The information could be anything related to a client.
Client assessment information	080	Recorded evaluation information about a client in the CISC database. The information could be anything related to a client.
Client assessment information	081	Recorded evaluation information about a client in the ACRS database. The information could be anything related to a client.
Involvement negotiation	085	A two way communication of desires and requirements related to agreeing on what services a non family member individual will provide for a client.
Service plan	086	A provision by CMC to the CA database of the contents of a plan regarding a specific client, which outlines problems and needs, services needed to address the problems and needs—including who will serve when and how —and specific outcomes planned. The documentation includes as many specifics as possible, including such things as cost of care and amount of client participation in such things as cost and hours and days of care.
Service plan	087	A provision by CMC to a case file of the contents of a plan regarding a specific client, which outlines problems and needs, services needed to address the problems and needs—including who will serve when and how —and specific outcomes planned. The documentation includes as many specifics as possible, including such things as cost of care and amount of client participation in such things as cost and hours and days of care.

Data Flow	Key	Definition
IP information	088	A form, report or piece of information related to a particular individual provider entered into the CA database.
IP information	089	A form, report or piece of information related to a particular individual provider entered into the SSPS database.
Service authorization information	092	Information including such things as authorization for service or a payment or set of payments of funds for appropriate goods and services, initial financial information, payments and service dates placed in the ADS Respite database.
Payment authorization	093	A statement from a case manager that authorizes a payment or set of payments of funds for appropriate goods and services placed in a case file.
Client service application	096	Copies of a client's applications for complementary services put into a case file.
Service request	097	A request to CMC by a service provider to provide service to a client.
Service request	098	A request to CMC by an individual to provide service to a client.
ICL report	099	Individual client list. A report from the ADS Kent database that summarizes a case manager's current case load.
ICL report	100	Individual client list. A report from the ADS Seattle database that summarizes a case manager's current case load.
ICL report	101	Individual client list. A report from the CISC database that summarizes a case manager's current case load.
ICL report	102	Individual client list. A report from the ECN database that summarizes a case manager's current case load.
Client information update	103	A change or addition to existing client information in the ADS Kent database.
Client information update	104	A change or addition to existing client information in the ADS Seattle database.
Client information update	105	A change or addition to existing client information in the CISC database.
Client information update	106	A change or addition to existing client information in the ECN database.
Client change information	107	Written or verbal information about a change in the status of a client from the client.
Client change information	108	Written or verbal information about a change in the status of a client from a service provider.
Client change information	109	Written or verbal information about a change in the status of a client from a family member.
Client change information	110	Written or verbal information about a change in the status of a client from an individual.
Client change information	111	Written or verbal information about a change in the status of a client from a nurse.
Client change information	112	Written or verbal information about a change in the status of a client to HCS Finance.
Service provider change information	113	Information from a service provider about a change in information related to the service provider. E.g., a new phone number or change of address.

Data Flow	Key	Definition
Rule	114	A requirement communicated to CMC by a service purchaser that affects the way CMC modifies a service plan.
Expiring service report	115	Information from SSPS about expiring payment authorizations.
Expiring service report	117	Information from the Client Specific database about expiring payment authorizations.
Provider training lapse notification	119	Information from the PRN database about a home care provider's training status.
Assessment and service plan modifications	121	Changes in a client's assessment or service plan communicated to a service provider.
Assessment and service plan modifications	122	Changes in a client's assessment or service plan communicated to an HCS case worker.
Assessment and service plan modifications	123	Changes in a client's assessment or service plan communicated to a nurse.
Assessment and service plan modifications	124	Changes in a client's assessment or service plan put in the CA database.
Service authorization	125	An authorization to perform or modify a service communicated by CMC to a nurse.
Service authorization	126	An authorization to perform or modify a service plan in the ADS Client Specific database by CMC.
Service authorization	127	Information including such things as authorization for service or a payment or set of payments of funds for appropriate goods and services, initial financial information, payments and service dates placed in the Taylor bequest database by CMC.
Service authorization	128	Information including such things as authorization for service or a payment or set of payments of funds for appropriate goods and services, initial financial information, payments and service dates placed in SSPS by CMC.
Client and program changes	130	Changes about a client and the client's program put into the ACRS database.
Client and program changes	131	Changes about a client and the client's program put into the ADS Kent database.
Client and program changes	132	Changes about a client and the client's program put into the ADS Seattle database.
Client and program changes	133	Changes about a client and the client's program put into the ADS Respite database.
Client and program changes	134	Changes about a client and the client's program put into the ECN database.
Client and program changes	135	Changes about a client and the client's program put into the CISC database.
Client change information	136	Written or verbal information about a change in the status of a client from an HCS case worker.
Client change information	137	Written or verbal information about a change in the status of a client from HCS Finance.
Client change information	138	Written or verbal information about a change in the status of a client from the client.

Data Flow	Key	Definition
Client change information	139	Written or verbal information about a change in the status of a client from a service provider.
Client change information	140	Written or verbal information about a change in the status of a client from a service purchaser.
Client change information	141	Written or verbal information about a change in the status of a client from a nurse.
Client change information	142	Written or verbal information about a change in the status of a client from a family member.
Client change information	143	Written or verbal information about a change in the status of a client from an individual.
Authority to terminate	144	Permission from a case manager supervisor to a case manager to terminate a case.
Termination notice	145	A notice of termination of a client's case sent to an HCS case worker.
Termination notice	146	A notice of termination of a client's case sent to HCS Finance.
Termination notice	147	A notice of termination of a client's case sent to the client.
Termination notice	148	A notice of termination of a client's case sent to a nurse.
Termination notice	149	A notice of termination of a client's case sent to a service provider.
Termination notice	150	A notice of termination of a client's case put in the case file.
Termination notice	151	A notice of termination of a client's case put in the SSPS database.
Termination notice	152	A notice of termination of a client's case put in the Client Specific database.
Termination notice	153	A notice of termination of a client's case put in the HC database.
Termination notice	154	A notice of termination of a client's case put in the PRN database.
Termination notice	155	A notice of termination of a client's case put in the ACRS database.
Termination notice	156	A notice of termination of a client's case put in the ECN database.
Termination notice	157	A notice of termination of a client's case put in the CISC database.
Termination notice	158	A notice of termination of a client's case put in the ADS Seattle database.
Termination notice	159	A notice of termination of a client's case put in the ADS Respite database.
Termination notice	160	A notice of termination of a client's case put in the ADS Kent database.
Termination notice	161	A notice of termination of a client's case put in the CA database.
Case file	162	A physical case file sent to a case manager supervisor.
Case file	163	A physical case file sent to an HCS case worker.
Case file	164	A physical case file sent to permanent records storage.
Hearing request	165	A request for a fair hearing made by a client.
Case information	166	Information provided by a service provider related to a case when a client requests a fair hearing.
Case information	167	Information provided by a case manager related to a case when a client requests a fair hearing.
Case information	168	Information provided by a nurse related to a case when a client requests a fair hearing.
Case information	169	Information provided by an individual related to a case when a client requests a fair hearing.

Data Flow	Key	Definition
Case information	170	Information provided by a family member related to a case when a client requests a fair hearing.
Legal findings	171	A copy of the legal findings resulting from a fair hearing about a client's case, sent to the client.
Legal findings	172	A copy of the legal findings resulting from a fair hearing about a client's case, put in a case file.
Legal findings	173	A copy of the legal findings resulting from a fair hearing about a client's case, put in the fair hearing file.
Legal findings	174	A copy of the legal findings resulting from a fair hearing about a client's case, sent to a case manager.
Hearing outcome	175	A summary of the results of a fair hearing, sent to a service provider.
Client information	176	Information about a client from the ACES financial database. The information received could be anything related to a client.
Client information	177	Information about a client from the senior I&A database. The information received could be anything related to a client.
Case file location information	178	Information from the HCS bar code database specifying the current location of a physical case file.
ETP request	180	A request from CMC to a service purchaser requesting an exception to a WAC policy.
ETP approval	181	An authorization from a service purchaser to CMC allowing a requested exception to a WAC policy.
Service plan	182	A provision by CMC to a client of a copy of a service plan for that client.
Service plan	183	A provision by CMC to a service provider of a copy of a service plan for a client.
Service plan	184	A provision by CMC to the senior I&A database of a copy of a service plan for a client.
Client information update	185	A change or addition to existing client information in the senior I&A database.
Status query	186	A request to a client to provide information about that client's status.
Status query	187	A request to a service provider to provide information about a client's status.
Status query	188	A request to a nurse to provide information about a client's status.
Status query	189	A request to a service purchaser to provide information about a client's status.
Status query	190	A request to an individual to provide information about a client's status.
Status report	191	An answer from a client to a request to provide information about that client's status.
Status report	192	An answer from a service provider to a request to provide information about a client's status.
Status report	193	An answer from a nurse to a request to provide information about a client's status.
Status report	194	An answer from a service purchaser to a request to provide information about a client's status.
Status report	195	An answer from an individual to a request to provide information about a client's status.

Data Flow	Key	Definition
Service authorization	198	An authorization to perform or modify a service put in a case file.
Termination notice	199	A notice of termination of a client's case put in the senior I&A database.
Hearing request	200	A request for a fair hearing made by an individual.
Case assignment	201	A notice of assignment of a case to a case manager by a case manger supervisor.
Client contact meeting information	202	Information about a meeting with a client put into a case file.
Case status information	203	Information about an assessment sent to a referral agency staff member.
NO note	204	An indication that a case was not opened, put into the ADS Kent database.
NO note	205	An indication that a case was not opened, put into the ADS Seattle database.
NO note	206	An indication that a case was not opened, put into the ADS Respite database.
Payment authorization	207	A statement from a case manager sent to an interpreter that authorizes a payment or set of payments of funds for that interpreter's services.
Case status information	208	Information about a case sent to a referral agency staff member.
Direct client information	209	Observed information about a client. Usually obtained in person but possibly by phone. The information could be anything related to a client.
Rule	210	A requirement communicated to CMC by a service purchaser that affects the way CMC terminates a case.
Client assessment information	211	Recorded evaluation information about a client in the senior I&A database. The information could be anything related to a client.
Case information	212	Information related to a case from a case file, used to assign a case.
Case assignment	213	A notification from a supervisor assigning a case to a case manager.
Case information	214	Client or assignment information put in the ECN database, as a result of assigning a case.
Case information	215	Client or assignment information put in the CISC database, as a result of assigning a case.
Case information	216	Client or assignment information put in the ACRS database, as a result of assigning a case.
Case information	217	Client or assignment information put in the senior I&A database, as a result of assigning a case.
Case information	218	Client or assignment information put in the HCS bar code database, as a result of assigning a case.
Case information	219	Client or assignment information put in the ADS Seattle database, as a result of assigning a case.
Case information	220	Client or assignment information put in the ADS Kent database, as a result of assigning a case.
Case information	221	Client or assignment information put in the ADS Respite database, as a result of assigning a case.
Case information	222	Client or assignment information put in a case file, as a result of assigning a case.
Case information	223	Client or assignment information put in multiple PC spreadsheets, as a result of assigning a case.

Data Flow	Key	Definition
Case information	224	Client or assignment information put in the supervisor's log, as a result of assigning a case.
Service authorization	225	Information about service authorizations for a client placed in the Home Care Billing database.
Service authorization	226	Information about service authorizations for a client from the Home Care Billing database.
Service authorization	227	Information about service authorizations for a client placed in the Client Specific database.
Service authorization	228	Information about service authorizations for a client placed in the ADS Respite database.
Service authorization	229	Information about service authorizations for a client from the ADS Respite database.
Service authorization	230	Information about service authorizations for a client placed in the Taylor Bequest database.
Invoice backup	231	An invoice worksheet provided to a service provider for them to use to bill CMC for reimbursement for goods and services.
Service authorization paperwork	232	A copy of an SSPS service authorization received by an agency from a case manager for a CORE client and returned to ADS Finance.
Service authorization paperwork	233	A copy of a service authorization from a case manager to an agency for a Respite or Client Specific client.
Services performed	234	A list of services that a service provider claims to have provided to clients for a time period, put into the Home Care Billing database.
Previously authorized service units	235	A list of previously authorized services for a service provider from the Home Care Billing database.
Services performed	236	A list of services that a service provider claims to have provided to clients for a time period, put into the ADS Respite database.
Previously authorized service units	237	A list of previously authorized services for a service provider from the ADS Respite database.
Reconciliation results	238	Results of a comparison between service provider service claims and previously authorized services, sent to a service provider.
Services provided	239	A list from a service provider of services that the service provider claims to have provided to clients for a time period.
Payment units	240	A record of the approved service units or dollar amounts to be reimbursed to a service provider on an invoice.
Corrected invoice amounts	241	The correct amounts to appear on an approved service provider invoice after adjustment by a contract monitor. The information comes from the contract invoice spreadsheet.
Reimbursable amounts	242	A record of the approved payment amounts for a service provider for a time period, that is put into an allocation spreadsheet.
Reimbursable amounts allocated to fund source	243	A summary of reimbursable amounts approved for payment to service providers, allocated by fund source.
Enrollment and premium changes	244	A record of client enrollment and premium changes put into the BHP spreadsheet.

Data Flow	Key	Definition
Total premiums	245	The total amount of premiums paid by a service provider for their employees, from the BHP spreadsheet.
Current month payment	246	A record of the units and dollar amounts paid for each core service for a specific month, entered into payment logs, which track payments by month.
Previous payments	247	A list of previous payments to a service provider, from the service provider payment log.
Authorization and payment record	248	Information about service authorizations and payments to a service provider, put in the Client Specific database.
Units of service	249	Information about units of service provided by a service provider, from the Client Specific database.
Service reconciliation results	250	Results of a comparison between service provider service claims and previously authorized services, from the ADS Finance unit.
Hurry up call	251	A communication from a service provider to CMC intended to hurry up the reimbursement process by claiming need or special circumstances.
Invoice with backup	252	A formal request for reimbursement from a service provider, along with backup documentation.
BHP and training backup	253	Back up documentation about workers trained or training and health premiums paid for workers.
Participation amount	254	An amount of client participation put into the agency participation spreadsheet.
Payment paperwork	256	Records completed by a contract monitor and sent to the ADS Finance unit, authorizing a payment to a service provider, with amounts to be paid, fund sources to be billed and backup documentation.
Payment paperwork	257	Records completed by a contract monitor and sent from the ADS Finance unit to the DHHS Accounts Payable unit, authorizing a payment to a service provider, with amounts to be paid, fund sources to be billed and backup documentation.
Payment confirmation	258	A communication sent to a service provider specifying the amount of an approved payment, with corrections.
Billing information	260	Grantor billing information entered into the SFMS database.
Actual costs	261	Previously accrued actual reimbursed costs from the SFMS database.
Invoice form	262	A standard invoice form from the SSPS database.
Client counts	263	A count of current, terminated and new clients from the ADS Kent database.
Client counts	264	A count of current, terminated and new clients from the ADS Seattle database.
Service types and units provided	265	A summary from multiple ADS PC spreadsheets of kinds and units of service types provided to clients.
Billing information	266	Grantor billing information by fund source put in and taken from manual files.
Request for reimbursement	267	A formal request for reimbursement sent to a service purchaser in the form of a billing or BAR (budget activity report).
Billing backup	268	An explanation of units of service provided, broken down by providers, accompanying a request for reimbursement to a service purchaser.
Billing backup	269	An explanation of units of service provided, in unit or dollars, broken down by providers, provided by a contract monitor.
Payment information	270	Information about a payment received from a grantor, stored in a warrant log spreadsheet.

Data Flow	Key	Definition
Reimbursement information	271	Information about reimbursements received from a grantor, stored in the SSPS manual file.
Payment	272	A payment received from a service purchaser, usually in the form of a check or warrant.
Initial contact	273	A contact between a service purchaser and a CMC agency that starts the process of referring a client for services. Usually by phone, fax or a face-to-face introduction.
Initial contact	274	A contact between a case manager and a CMC agency that starts the process of referring a client for services. Usually by phone or fax.
Initial contact	275	A contact between a service provider and a CMC agency that starts the process of referring a client for services. Usually by phone or fax.
Initial contact	276	A contact between a client and a CMC agency that starts the process of referring a client for services. Usually by phone or walk in.
Initial contact	277	A contact between a family member and a CMC agency that starts the process of referring a client for services. Usually by phone.
Initial contact	278	A contact between an individual and a CMC agency that starts the process of referring a client for services. Usually by phone.
Existing client information	279	Any existing client information given to a CMC agency by a case manager.
Existing client information	280	Any existing client information given to a CMC agency by a service provider.
Existing client information	281	Any existing client information given to a CMC agency by a client.
Existing client information	282	Any existing client information given to a CMC agency by a family member.
Existing client information	283	Any existing client information given to a CMC agency by an individual.
Existing client information	284	Any existing client information taken from the SSPS database.
Existing client information	285	Any existing client information taken from the senior I&A database.
Existing client information	286	Any existing client information taken from the ACRS database.
Existing client information	287	Any existing client information taken from the CISC database.
Existing client information	288	Any existing client information taken from the ECN database.
Existing client information	289	Any existing client information taken from the ADS Respite database.
Existing client information	290	Any existing client information taken from the ADS Kent database.
Existing client information	291	Any existing client information taken from the ADS Seattle database.

Data Flow	Key	Definition
Existing client information	292	Any existing client information taken from the ACES database.
Existing client information	293	Any existing client information taken from the GRAT database.
Existing client information	294	Any existing client information taken from the HCS bar code database.
Case information	295	Information related to a client case put into the CISC database.
Case information	296	Information related to a client case put into the ACRS database.
Case information	297	Information related to a client case put into the senior I&A database.
Positive statement of direction	298	A statement from the director of a CMC agency about the importance of training, how training will be supported and encouraged and how it will be funded.
Positive statement of need	299	A statement from a CM supervisor about specific needs for training.
Funding authority	300	A commitment from a service purchaser specifying that a specific amount of funding will be paid for certain kinds of training for a time period.
Subject matter expertise	301	Content material for training in a subject area, from a staff member
Funding approval	302	A statement from the director of a CMC agency authorizing funds and other resources available for training.
General job expectations	303	Materials describing expected common work behaviors no matter what the specific position, job function or job title.
Rules	304	A statement from a service purchaser stating what training is required to meet a skill or knowledge requirement.
Resource identification	305	Information from personnel staff of an organization about existing training resources that can meet a skill or knowledge requirement.
Resource identification	306	Information from a training committee about existing training resources that can meet a skill or knowledge requirement.
Training history	307	Information from a staff member specifying past training received and current skills and knowledge levels.
Training needs	308	A statement to a staff member specifying the results of a training needs assessment.
Training recommendation	309	A statement to a staff member specifying specific training the staff member should get in a time period, based on specified job requirements and desired training specified by a supervisor or the staff member.
Training request	310	A formal written request to provide funds and permission for specific training at a time and place.
Training information	311	A record of a training request placed in the DHHS training and travel request database.
Funding allocation	312	A record of the allocation of funds for training placed in the SFMS database.
Curriculum ideas	313	Information from a member of a training committee that can be used to create training materials for a subject area.
Training curriculum	314	Information from personnel staff of an organization that can be used to create training materials for a subject area.

Data Flow	Key	Definition
Notification of availability	315	A statement from an individual specifying times and conditions of availability to work as an individual provider.
Job inquiry	316	A statement from an individual asking about work as an individual provider.
Finished application	317	A formal application from an individual asking for work as an individual provider.
Job information and application	318	An application form for work as an individual provider with accompanying explanatory material.
Notification of IP availability	319	A notification from a case manager of a name of a candidate who might be able to work as an individual provider.
Notification of IP availability	320	A notification from a service provider of a name of a candidate who might be able to work as an individual provider.
Notification of IP availability	321	A notification from a community organization of a name of a candidate who might be able to work as an individual provider.
IP information update	322	New or updated information about a candidate individual provider placed in the ECN IP recruit file.
Verification of existing IP	324	A query of information about an existing individual provider from a PC spreadsheet.
IP information	325	An addition or update of information about an existing individual provider to a PC spreadsheet.
Verification of existing IP applicant information	326	A query of information from the ADS IP recruit file about an existing individual provider who wants new work as an IP.
IP information update	327	New or updated information about a candidate individual provider placed in the ADS IP recruit file.
IP information	328	A query of information from the ADS IP recruit file about an existing individual provider.
Background check results	329	Results from a government organization of a previously requested criminal background check.
Background check request	330	A request to check on a possible criminal background of a person who wants to work as an individual provider.
IP paperwork	331	Forms, applications or information received from an individual provider candidate.
Orientation information	332	Information given to an individual provider candidate that explains work requirements and related administrative procedures, such as how to get paid.
Negotiation	333	A two way discussion between an individual provider candidate and CMC about a client's needs and an individual provider's work times and conditions.
Service provider information	334	Information given to a client about an individual provider candidate.
Negotiation	335	A two way discussion between a client and CMC about a client's needs and an individual provider candidate.
IP information	336	An addition or update of information about an individual provider to a PC spreadsheet.
Hours worked verification	337	Information from the SSPS database used to verify the amount of work performed by an individual provider.
Provider information	338	Information from the SSPS database about an individual provider.

Data Flow	Key	Definition
Provider information request	339	A request to the SSPS database for information about an individual provider.
IP paperwork	340	A form, report or piece of information related to a particular individual provider entered into the IP file.
IP information	341	Information related to a particular individual provider entered into the CA provider database.
IP availability information	342	Information about an individual provider's work availability and conditions placed in the IP recruit file.
IP information changes	343	Changes about an individual provider provided to CMC by the individual provider.
Payment problem	344	A request from an individual provider to CMC for help in solving a problem with the individual provider's getting paid.
Service provision status	345	Information from an individual provider to CMC related to an individual provider's work with a client, including such things as complaints, issues and suggestions.
Service provision feedback	346	Information from CMC to an individual provider related to an individual provider's work with a client, including such things as complaints, issues and suggestions.
Service provision feedback	347	Information from a client to CMC related to an individual provider's work with a client, including such things as complaints and issues.
Service provision status	348	Information from CMC to a client related to an individual provider's work with a client, including such things as complaints, issues and suggestions.
Complaints about IP	349	Complaints and issues from an interested or affected individual to CMC related to an individual provider's work with a client.
Employment verification of IP	350	Information from an interested or affected individual to CMC verifying that an individual provider is working with a client.
Rules	351	A constraint from a service purchaser on CMC behavior related to individual providers.
Request for assistance	352	A request to a service purchaser from CMC to provide a service.
IP information changes	353	Information related to a particular individual provider entered into multiple PC spreadsheets.
IP information changes	354	Information related to a particular individual provider entered into the CA IP database.
IP payment information	355	Information from SSPS related to payments to an individual provider.
Payment resolution	356	Information about an adjustment related to an individual provider's payment problem entered into the SSPS database.
IP information changes	357	Information related to a particular individual provider entered into the SSPS database.
IP training status	358	Information from CMC to a client about accomplishment of training or need for training by an individual provider.
Need for backup negotiation	359	A two way discussion between a client and CMC about a client's needs for an individual provider back up person.
Rules	360	A constraint from a service purchaser on case management behavior related to individual provider training.

Data Flow	Key	Definition
IP training status	361	Information from CMC to an individual provider related to an individual provider's need for training.
Termination notice	362	A formal notice of termination along with explanations sent to an individual provider by CMC.
Training payment authorization	363	A notice sent to the SSPS database authorizing payment for an individual provider's time spent in training that would otherwise have been spent providing direct service to a client.
Training status	364	Information to CMC from the PRN database about accomplishment of training by an individual provider.
Training status	365	Information from CMC about accomplishment of training or need for training by an individual provider, placed in ECN training spreadsheets.
Training status	366	Information from CMC about accomplishment of training or need for training by an individual provider, placed in CISC training spreadsheets.
Training status	367	Information from CMC about accomplishment of training or need for training by an individual provider, placed in multiple PC training spreadsheets.
Training status	368	Information from CMC about accomplishment of training or need for training by an individual provider, placed in an IP manual file.
Work skill analysis	369	Information from a case management supervisor about specific skills or knowledge needed for a specific position, job function or job title.
Payment problem resolution	370	A solution for a request from an individual provider to CMC for help in solving a problem with the individual provider's getting paid.
Current invoice payment amounts	371	Authorized payments to a service provider entered into a Fundroute spreadsheet.
Service authorization	372	An authorization to perform or modify a service put in ECN manual files.
Service authorization	373	An authorization to perform or modify a service put in multiple Client Specific spreadsheets.
Service authorization	375	An authorization to perform or modify a service put in the ADS Client Specific budget log.
Payment authorization	376	A statement from a proper authority that authorizes a payment or set of payments of funds for appropriate goods and services service put in ECN manual files.
Payment authorization	377	A statement from a proper authority that authorizes a payment or set of payments of funds for appropriate goods and services service put in multiple Client Specific spreadsheets.
Payment authorization	378	A statement from a proper authority that authorizes a payment or set of payments of funds for appropriate goods and services service put in the ADS Client Specific database.
Scheduled service dates	379	Dates for scheduled respite service episodes put into the ADS Respite database.
Scheduled service dates	380	Dates for scheduled respite service episodes put into the ECN database.
Case information	381	Information provided by a client related to a case when the client requests a fair hearing.

Appendix

11. Glossary of Terms

The following terms and abbreviations were defined by this analysis project.

Glossary Term	Definition
AAA	Area Agency on Aging. A private regional group designated by the state to address the needs and issues of older adults and adult disabled individuals including implementing a comprehensive and coordinated approach to community-based care.
AAFS	Aging and Adult Field Services. A state agency, part of DSHS, that administers community based care on the local level.
AASA	Aging and Adult Services Administration. A state agency, part of DSHS, that manages long term care systems for disabled adults and older persons. They are responsible for home care, residential care and nursing homes.
ACRS	Asian Counseling and Referral Service. A private organization that promotes the social, emotional and economic well being of Asian/Pacific Islander individuals, families and communities by providing advocacy and community based multi-lingual and multicultural services.
ADA	Americans with Disabilities Act. A federal law that prohibits discrimination against individuals with disabilities in state and local governments, public accommodations, employment, transportation and telecommunications.
ADH	Adult Day Health. Centers that provide a range of services in a group setting for frail elders and adults with disabilities, which may include rehabilitative nursing, health monitoring, occupational and physical therapy, nutrition, respite care, social services and activity therapy.
ADS	Aging and Disabilities Services. A division of the City of Seattle Department of Housing and Human Services that provides services on behalf of elderly and adults with disabilities.
AFH	Adult Family Home. A residential home licensed to care for up to six residents. It provides room, board, laundry, necessary supervision, assistance with activities of daily living, personal care and social service. It may provide nursing services. The level of care, specific services and activities vary from one home to another.
APS	Adult Protective Services. A program of HCS, Aging and Adult Field Services at DSHS that investigates suspected abuse, neglect, exploitation or abandonment of vulnerable adults.
Assessment	A process that performs a systematic and standardized evaluation of a client's functional and cognitive capacity and limitations, and other needs, strengths, abilities and resources.
BHP	Basic health plan. A state subsidized health insurance program for low income residents of Washington.
CA	Comprehensive Assessment. A written documentation of the assessment of a client which includes demographic information, housing description, health status, psychological, social and cognitive status, functional abilities and supports, income and resources, level of care needed and services currently receiving.
Caregiver Training	Required state training for all home care providers, such as AASA, DDD, AFH or DCFS, who are paid from state programs, such as COPEs, MPC, CHORE or Respite.
CCS	Catholic Community Services.

Glossary Term	Definition
CHORE	A CORE program that provides in-home assistance to eligible clients who need assistance with qualifying tasks (personal care deficits) and with housekeeping tasks. Funded by State funds, not Medicaid funds.
CISC	Chinese Information and Service Center. A private, non-profit multi-social service agency targeted at serving ethnic Chinese.
Client service request	A request by a client for service that does not involve a case service provision.
CM	Case management.
COCO	A non profit organization providing information and assistance to low income seniors living in designated apartment buildings.
COPEs	Community Options Program Entry System. A state administered, Medicaid funded support program that provides community-based services under congregate care, adult family house care, in-home personal care and care management to aged, blind and disabled adults who would otherwise require care in a nursing facility.
CORE	A set of public programs that provide in-home support to clients who require some assistance with personal care and housekeeping activities in order to remain independent in the community. They include MPC, CHORE and COPEs. Eligibility and initial service authorization is determined by DSHS and ongoing care monitoring is provided by ADS, ECN, ACRS and CISC.
CSO	Community Service Office. Any local DSHS office in a particular neighborhood, such as Capitol Hill, Bell Town, Rainier. Community Service Officer. A section of the Seattle Police Department that can be asked to help in case of emergency, such as checking the safety of a client.
DCFS	Department of Children and Family Services. A state organization, part of DSHS, that provides case management and authorizes state funded CORE services for children.
DDD	Division of Developmental Disabilities. A state agency, part of DSHS, that determines eligibility and access for people with developmental disabilities to many types of programs, helps them develop individual program plans and monitors progress in vocational and residential programs, including programs designed to maintain them in the community.
DSHS	Department of Social and Health Services. An umbrella state agency that oversees many services and agencies that provide state or federally funded programs, such as AAFS, DDD.
ECN	Evergreen Care Network. A public organization which contracts with ADS to provide case managed care on behalf of elderly and adults with disabilities in East King County.
ETP	Exception to policy.
GRAT	Geriatric Regional Assessment Team. A crisis service which provides in-home psychiatric, medical, social and functional assessment for adults age 60 or older. The service provides consultation, care planning and referral to care providers, including guardianship evaluations.
Gray File	A case management case file which is not part of CORE program funding.
HACK	Housing Authority of King County. A public agency that manages subsidized housing in King County outside of the Seattle city limits.
HCS	Home and Community Services. A division of Aging and Adult Field Services at DSHS, a state program that administers facility- and community-based care.

Glossary Term	Definition
HHS	Department of Health and Human Services. An agency of the federal government that oversees more than 300 programs, including Medicare, Administration on Aging, Health Care Financing Administration, Centers for Disease Control, Food and Drug Administration and the National Institutes of Health.
Home care agency	A licensed private agency that contracts with the State to provide caregivers to assist clients with personal care tasks and housekeeping in their homes.
Home health care agency	A licensed organization that is authorized to provide skilled care to a client in their home on a limited basis as authorized by a physician or insurance plan. Services offered include those of registered nurses, registered physical therapists, occupational therapists, speech pathologists and home health aides.
HUD	Housing and Urban Development. A U.S. government agency that provides funding for housing related services.
I & A	Information and Assistance. An agency function that provides access to services for adults by providing information about resources, and assistance to clients in securing services through assessment, referral, advocacy and follow up. Some organizations that perform I & A are CISC, ACRS, Sea Mar.
ICL	Individual client list.
IM	Information Memorandum. A written communication from Aging and Adult Services Administration to providers, such as Home and Community Services and the Area Agency on Aging, with information on a variety of topics. An IM does not require service providers to take action.
Individual service request	A request by an individual for service that does not involve a client service provision.
IP	Individual provider. A caregiver who is contracted with the state to provide care to a client in the client's own home. The caregiver is considered to be employed by the client, but paid by the state to provide care.
LTC-HCS	Long Term Care – Home and Community Services. A DSHS agency that determines a client's initial financial eligibility for long term care programs.
MB	Management Bulletin. A directive from Aging and Adult Services Administration to providers, such as Home and Community Services and the Area Agency on Aging, which details changes, clarifies, or creates new policies regarding the processes of providing CORE services. MBs require service providers to take action or follow instructions or procedures on a variety of topics related to service implementation.
Mental health services	A group of different providers that provide services designed to diagnose and treat people with psychiatric illnesses. E.g., SMHI, CPC, MHPs, Gero-Psych, Evergreen In-Home Mental Health.
MPCS	Medicaid Personal Care Services. A Medicaid funded program designed to provide in-home care to a client who receives income less than or equal to the SSI eligibility requirement.
NCMP	National Case Management Partnership. A company that acts as a broker for services, requested by insurance companies, with various case management service across the country. A division of Connecticut Community Care, Inc., owned by Blue Shield. NCMP pays the ADS case management program for assessments and care coordination services ADS performs.
Neighborhood House	A non profit organization providing information and assistance to low income seniors living in SHA garden communities.
N.O.	Nurse Oversight. A service provided by a registered nurse to a client receiving care under MPC or COPES.

Glossary Term	Definition
NO	Never opened. Refers to a case where an interview was scheduled but an actual case was never opened.
NVRA	National Voter Registration Act. Also called the “motor voter” law. Requires states to provide voter registration through the driver licensing process, through the mail and through various state agencies. It also prohibits states from removing voters from registration lists for not voting. Washington state implemented the law by requiring that individuals be given the opportunity to vote or to change voter registration when applying for or receiving services or assistance.
Oversight Nurse	A registered nurse authorized to provide nurse monitoring for clients receiving care under the MPCS or COPES programs,
PCT	Personal Care Training. A function that trains a direct provider of services to provide personal care services to clients.
Pike Market Senior Center	A non profit organization providing information and assistance to low income people living in the Pike Market neighborhood.
PRN	Professional Registry of Nurses. A private corporation contracted by the City of Seattle for the provision of nurse oversight and personal care training services.
Public Group	A group of individuals with a common set of goals, with the purpose of affecting decisions. For example, Advisory Council on Aging.
Respite	A kind of service that provides relief in the form of temporary substitutes for families or other caregivers of disabled adults and elders.
Sea Mar	Sea Mar Community Health Centers. A nonprofit organization that provides health and human services, originally primarily serving Latinos and Hispanics and now also to anyone in the community needing services.
Section 8 Elderly Project	A HUD program, Hope for Elderly Independence Program, that assists clients to receive subsidized housing.
SHA	Seattle Housing Authority. A City of Seattle agency that owns and operates over 10,000 apartments for low income families, seniors and people with disabilities.
Sponsoring Organization	An organization that determines policy and funding allocations for case managed care activities. For example, King County Community Services Department, DHHS, United Way.
SSPS	Social Service Payment System. A state automated system that generates monthly payments to IP’s, service providers, and the AAAs who are authorized for payment by HCS and AAA case managers.
SSSKC	Senior Services of Seattle and King County. A nonprofit agency that provides a range of community based services for older persons, operates Adult Day Health, senior centers and meal programs, and provides information and assistance.

12. Project Participants

The following individuals participated in one or more work sessions or product review sessions for this analysis project.

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